

**EXHIBIT 1: PROOF OF CLAIM NO. 474**

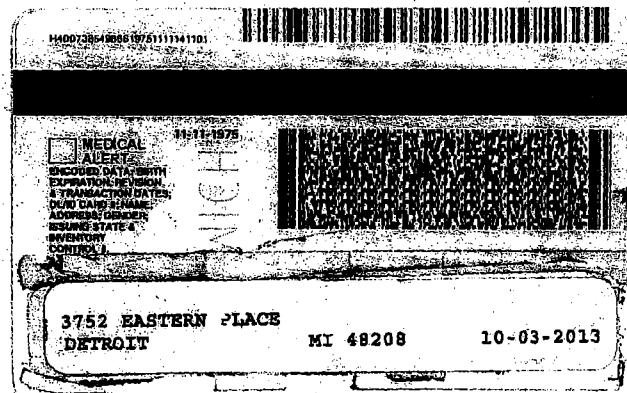
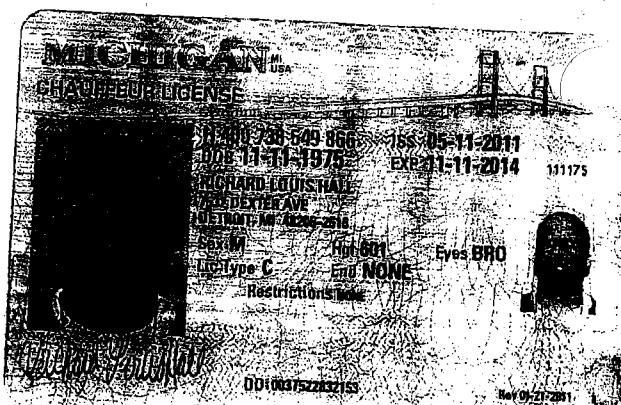
4851-6607-4659.2

B10 (Official Form 10) (4/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT OF MICHIGAN	<b>CHAPTER 9 PROOF OF CLAIM</b> <b>RECEIVED</b> <b>JAN 09 2014</b> <b>KURTZMAN CARSON CONSULTANTS</b>
<b>Name of Debtor:</b> City of Detroit, Michigan		<b>FILED</b> <small>Case Number: 13-53846</small>	<input type="checkbox"/> Check this box if this claim amends a previously filed claim.  <b>Court Claim Number:</b> _____ <small>(If known)</small>  <b>Filed on:</b> _____
<b>Name of Creditor (the person or other entity to whom the debtor owes money or property):</b> Hall, Richard		<small>2014 JAN 13 A 10:05</small>	
<b>Name and address where notices should be sent:</b> NameID: 11702126 Hall, Richard 23077 Greenfield Rd. Suite 557 Southfield, MI 48075		<b>U.S. BANKRUPTCY COURT E.D. MICHIGAN-DETROIT</b>	
<b>Telephone number:</b> _____ email: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
<b>Name and address where payment should be sent (if different from above):</b> Richard Hall 3752 EASTERN PLACE Detroit, MI 48208			
<b>Telephone number:</b> 313 910 8542 email: Cook_ecream852@gmail.com			
<b>1. Amount of Claim as of Date Case Filed:</b> \$ <u>100,000.00</u> ONE hundred thousand			
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
<b>2. Basis for Claim:</b> <u>INJURED</u> <small>(See instruction #2)</small>		<b>3a. Debtor may have scheduled account as:</b> _____ <small>(See instruction #3a)</small>	
<b>3. Last four digits of any number by which creditor identifies debtor:</b>		<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.	
<b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		<b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$ _____	
<b>Value of Property:</b> \$ _____		<b>Amount of Secured Claim:</b> \$ _____	
<b>Annual Interest Rate (when case was filed)</b> % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		<b>Amount Unsecured:</b> \$ _____	
<b>5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2).</b> \$ _____			
<b>5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. §</b> _____ \$ _____			
<b>6. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			
<b>7. Documents:</b> Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. <b>ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</b> If the documents are not available, please explain: _____			
<b>8. Signature:</b> (See instruction # 8) Check the appropriate box.			
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. <small>(See Bankruptcy Rule 3004.)</small> <small>(See Bankruptcy Rule 3005.)</small>			
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: <u>Richard Lewis Hall</u> Title: _____ Company: _____ Address and telephone number (if different from notice address above): _____			
<u>3752 EASTERN PLACE DET. MI 48208</u> <u>313 910 8542</u> <u>Cook_ecream852@gmail.com</u>		<b>(Signature)</b> <u>X Richard Hall</u> <b>(Date)</b> <u>12-17-2013</u>	
<b>Penalty for presenting fraudulent claim:</b> Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			



1353846131125134027034547





STATE OF MICHIGAN

RICK SNYDER  
GOVERNOR

DEPARTMENT OF COMMUNITY HEALTH  
LANSING

OLGA DAZZO  
DIRECTOR

August 27, 2012

Ronald K. Weiner  
23077 Greenfield Rd Ste 557  
Southfield, MI 48075

D/I: June 28, 2012  
Re: RICHARD HALL

Dear Mr. Weiner:

The Medicaid program has conducted a search of its records for Richard Hall.

The State of Michigan will not be asserting a subrogation claim at this time; however, this does not preclude us from asserting a claim in the future. Please contact our office for an updated lien amount prior to resolution of this case. If the beneficiary has been enrolled in a Medicaid Managed Care Plan, the plan is identified below and should be contacted directly regarding its interest. Please note that Medicaid and Medicaid Managed Care Plans are separate entities; **their subrogation interests must be resolved separately.**

Thank you for your cooperation. If you have any questions, please contact our office.

Sincerely,

Third Party Liability Division  
Telephone: (517) 335-8760

SM

Health Plans:  
Midwest Health Plan  
4700 Schaefer Rd Ste 340  
Dearborn, MI 48126

FORMS  
TO  
TITLE

CAPITOL COMMONS CENTER • PO BOX 30479 • LANSING, MICHIGAN 48909

[www.michigan.gov/tpl](http://www.michigan.gov/tpl) • P 517-335-8760 • F 517-346-9876

MSA-005COL

# ZAMLER, MELLEN & SHIFFMAN, P.C.

GENE ZAMLER  
DONALD SHIFFMAN  
RICHARD J. EHRLICH  
PAUL S. ROSEN  
MARGARET HOLMAN JENSEN  
RONALD K. WEINER  
STEVEN KARFIS  
ALICE A. BUFFINGTON

ATTORNEYS AND COUNSELORS  
ADVANCE BUILDING  
23077 GREENFIELD ROAD  
SUITE 557  
SOUTHFIELD, MICHIGAN 48075

OF COUNSEL  
MARK I. MELLEN  
KARL E. NOVAK  
CHAD ZAMLER  
\*BRAD M. ZAMLER  
MARC J. LITTMAN  
LISA ROTH

1-248-557-1155  
1-800-LAWYERS  
FAX (248) 552-1380  
WEBSITE: WWW.ZMSPC.COM  
WRITER'S DIRECT DIAL NUMBER

\*MEMBER OF ILLINOIS BAR ONLY

## PROOF OF REPRESENTATION

This form is used to authorize your attorney to receive information from the Centers for Medicare & Medicaid Services (CMS) and to represent you and act on your behalf with respect to your liability insurance, no-fault insurance or workers' compensation claim, including releasing identifiable health information or receiving any potential recovery claim information that Medicare may have if there is a settlement, judgment, award or other payment.

Type of Representation: Attorney

Firm Name: Zamler, Mellen & Shiffman, P.C.  
Name of Attorney:  
Address: 23077 Greenfield Road, Suite 557, Southfield, MI 48075  
Telephone Number: 248/557-1155  
Fax Number: 248/552-1380

### Medicare Beneficiary Information:

Beneficiary's Name:  
Beneficiary's HICN:  
Beneficiary's Date of Birth:  
Date of Injury:  
Type of Injury:

Richard Louis Hall  
Beneficiary's Signature

6-29-2012  
Date

Representative's Signature

Date

CELEBRATING OVER **40** YEARS OF SERVICE  
SINCE 1969

FISHER BUILDING: 3011 WEST GRAND BLVD., SUITE 406, DETROIT, MI 48202 - (313) 874-0120

TAYLOR OFFICE: HORIZON BUSINESS CENTER EAST, 20500 EUREKA, SUITE 107, TAYLOR, MI 48180 - (734) 246-7128

*Ingham County Circuit Court*  
**30th Judicial Circuit**

P.O. BOX 40771  
LANSING, MI 48901-7971  
TELEPHONE: (517) 483-6500

JANELLE A. LAWLESS  
Chief Circuit Judge

DAVID L. EASTERDAY  
Circuit Court Administrator



SHAUNA DUNNINGS  
Deputy Court Administrator /  
Friend of the Court

RHONDA K. SWAYZE  
Deputy Court Administrator /  
General Trial Division

MAUREEN WINSLOW  
Deputy Court Administrator /  
Juvenile Division

November 5, 2012

RONALD A. WEINER  
23077 GREENFIELD RD #557  
SOUTHFIELD, MI 48075

Notice of Intention to file a Claim

RICHARD HALL

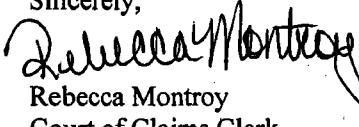
Vs

TRANSP DEPT MI

NOTICE NO. 12-011404-NOI-C30

To Whom It May Concern:

This is to acknowledge receipt of your Notice of Intention to file a claim in the above-entitled cause, filed in the Court of Claims on November 05, 2012 and assigned the above notice number.

Sincerely,  
  
Rebecca Montroy  
Court of Claims Clerk

Copies have been made and forwarded to:  
Bill Schuette, Attorney General  
TRANSP DEPT MI

*Attorney General*

STATE OF MICHIGAN  
IN THE COURT OF CLAIMS

RICHARD HALL,

Plaintiff,

vs.

MICHIGAN DEPARTMENT OF TRANSPORTATION,

Defendant.

---

RONALD K. WEINER (P40706)  
Attorney for Plaintiff  
23077 Greenfield Rd., Ste. 557  
Southfield, MI 48075  
(248) 443-6567

---

**VERIFIED NOTICE OF INTENTION TO FILE CLAIM**

Claimant, RICHARD HALL, by his attorneys, ZAMLER, MELLEN & SHIFFMAN, P.C., hereby submits his Notice of Intention to File Claim against the State of Michigan Department of Transportation, and states the following:

1. Time and place where claim arose: June 28, 2012, at approximately 7:50a.m. on M-85 (Fort St.), Detroit, MI between Second Ave. and Third Ave. in front of the Detroit Free Press Building.
2. Nature of claim: Claimant walked over a steam grate (photographs attached) and hot steam burned his leg.
3. Damages sustained: Claimant sustained a severe burn to his leg requiring hospital and medical attention. He incurred medical expenses and other losses which may occur in the future.

Verified by: Richard Hall  
Richard Hall, Claimant

Date: 9-28-2012

Respectfully Submitted,

Zamler, Mellen & Shiffman, P.C.

  
Ronald K. Weiner (P40706)  
Attorney for Plaintiff  
23077 Greenfield Road, Suite 557  
Southfield, MI 48075  
(248) 443-6567

Date: 9/28/12

**SENDER COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MI Court of Claims  
313 W. Kalamazoos  
P.O. Box 40771  
Lansing, MI 48901-  
7971

A. Signature

X **GLEO, INC.**

Agent  
 Addressee

B. Received by Printed Name \_\_\_\_\_ Date of Delivery \_\_\_\_\_

Authorized Agents

Hand

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

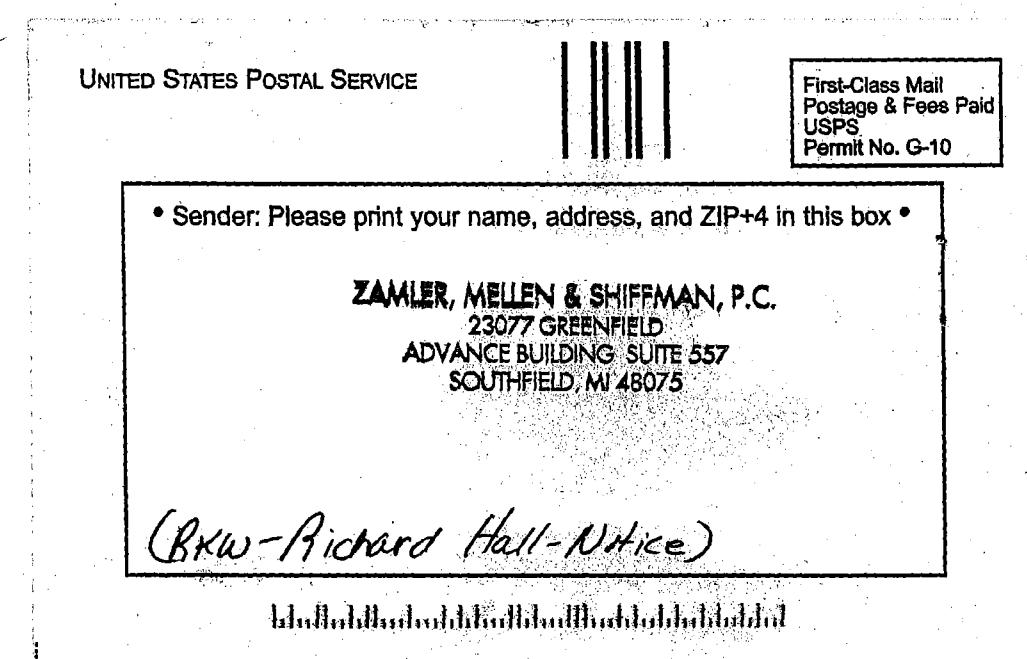
(Transfer from service label)

7012 1010 0002 6652 0890

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



**PRF # 62354**  
**Case No.: 13-53846**  
**Svc: 1**

**PackID: 14818**  
**NameID: 11702126**

**Hall, Richard**  
**23077 Greenfield Rd.**  
**Suite 557**  
**Southfield, MI 48075**

## AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Date <b>12-31-13</b>	Date of Accident <b>JUNE 28, 2012</b>	File Number
Applicant's Name <b>Richard Hall</b>	Home Phone Number	Business Phone Number <b>313 9108542</b>
Address <b>3752 EASTERN PLACE Detroit, MI 48208</b>	Date of Birth <b>11-11-1975</b>	Social Security No. <b>385-66-7987</b>
Date & Time of Accident (am/pm) <b>JUNE 28 2012 7:50 A.M.</b>	Place of Incident (Exact Location) <b>on M-85 (Ford St.) Detroit, MI and 3rd Ave, in front of stream between Second Ave and Free Press Bldg</b>	
Brief Description of Accident: <b>I walked over a steel grate (photographs attached) and hot water burned my leg.</b>		
As a result of the incident were you injured? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the rest of this form.		
Describe your injury <b>I incurred medical expenses and other losses which may occur in the future. I sustained a severe burn to my leg requiring hospital and medical attention.</b>		
Were you treated in a Hospital? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list Hospital's Name and Address. <b>Henry Ford 2799 W. Grand Blvd E.R. / Plastic Surgery Dept Dr. Kenneth McQuin / E.R.</b>		
Did a Doctor treat you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list Doctor's Name and Address. <b>Henry Ford</b>		

I, THE UNDERSIGNED, HEREBY AUTHORIZE ANY PHYSICIAN OR NURSE WHO ATTENDED THE ABOVE NAMED, OR ANY HOSPITAL AT WHICH ABOVE NAMED HAS BEEN CONFINED, TO FURNISH THE CITY OF DETROIT LAW DEPARTMENT, WITH ANY AND ALL INFORMATION WHICH MAY BE REQUESTED REGARDING PAST PHYSICAL CONDITION AND TREATMENT RENDERED AND TO ALLOW THEM OR ANY PHYSICIAN APPOINTED BY THEM TO EXAMINE AND COPY ANY AND ALL RECORDS WHICH YOU MAY HAVE REGARDING CONDITION OR TREATMENT, INCLUDING ALCOHOL AND DRUG PART 2, IF ANY; PSYCHOLOGICAL SERVICES AND SOCIAL SERVICES RECORDS INCLUDING COMMUNICATIONS MADE TO A SOCIAL WORKER OR PSYCHOLOGIST OR PSYCHIATRIST, IF ANY; RECORDS OF COMMUNICABLE DISEASES AND SERIOUS COMMUNICABLE DISEASES AND INFECTIONS, VENEREAL DISEASE (VD), TUBERCULOSIS (TB), HEPATITIS B, HUMAN IMMUNODEFICIENCY VIRUS (HIV), ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS), AND AIDS RELATED COMPLEX (ARC), IF ANY. YOU ARE REQUIRED TO PROVIDE THIS INFORMATION IN ACCORDANCE WITH THE MICHIGAN MOTOR VEHICLE NO-FAULT INSURANCE LAW, PA 294 OF THE PUBLIC ACTS OF 1972.

I UNDERSTAND THAT I HAVE A RIGHT TO REVOKE THIS AUTHORIZATION AT ANY TIME. I UNDERSTAND THAT IF I REVOKE THIS AUTHORIZATION, I MUST DO SO IN WRITING AND PRESENT MY WRITTEN REVOCATION TO THE ISSUER OF THE MEDICAL RELEASE. YOUR PROTECTED HEALTH INFORMATION WILL BE DISCLOSED TO ANY AGENCY INVOLVED IN THE INVESTIGATION, EVALUATION AND RESOLUTION OF YOUR MATTER AS IT RELATES TO THE CITY OF DETROIT.

I UNDERSTAND THAT INFORMATION USED OR DISCLOSED PURSUANT TO THIS AUTHORIZATION MAY BE SUBJECT TO REDISCLOSURE BY THE RECIPIENT AND NO LONGER SUBJECT TO PRIVACY PROTECTION PROVIDED BY LAW.

Richard Hall  
NAME (Signature)

12-17-2013  
DATE  
11-11-1975  
DATE OF BIRTH

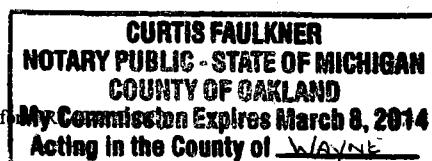
SOCIAL SECURITY NUMBER

Subscribed and sworn to before me this  
31<sup>st</sup> day of Dec, 2013.  
Curtis Faulkner

Notary Public, Wayne County, Michigan

My Commission Expires: MARCH 08, 2014

{G:\DOCS\CLAIMS\Wayne\990\



**MEDICARE REPORTING AFFIDAVIT AND**  
**INDEMNIFICATION OF THE CITY OF DETROIT BY THE**  
**CLAIMANT/PLAINTIFF**

Richard Hall, being first duly sworn, deposes and says that I have filed a claim and/or lawsuit against the City of Detroit:

1. I certify under penalty of law that this Affidavit and all attachments were prepared with my knowledge and were reviewed by me. The information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and/or imprisonment for known violations. I hereby state under oath and subject to any penalties for perjury that the information contained in this Affidavit is true, correct and accurate.

2. I hereby understand that the City of Detroit will be relying upon this information in order to provide all of the required information to the United States Government, Department of Health and Human Services, Center for Medicare and Medicaid Services or their Medicare contractor in accordance with the Medicare, Medicaid and SCHIP Extension Act of 2007 and to be in compliance with the Medicare Secondary Payer Laws.

Circle One

3. I am currently receiving Medicare Benefits..... yes or  no
4. I will be Sixty Five years old within three years..... yes or  no
- 4a. I have applied for Social Security Disability Benefits..... yes or  no
5. I have received a Social Security Disability Award Letter and  
attached a copy hereto..... yes or  no
6. Attached is a copy of my Social Security Disability Application....yes or  no
7. Attached is a copy of my Social Security denial letter and my  
appeal of said denial..... yes or  no

Circle One

8. I have End Stage Renal Disease.....yes or no

9. That my full name and all aliases are:

Richard Louis Hall

10. That my City of Detroit File Number is:

A 32750-00 4969

11. That my address is:

3952 Eastern Place, Detroit 48208

12. That my Attorney's Name, Address and Contact Numbers are:

Previous Attorney Removed

Weiner Cerny Central 1248557 1688

13. That my Date of Birth is:

1/11/1975

14. That my Social Security Number is:

385-66-7987

15. That my Medicare HIC Number, if applicable is:

N/A

16. That I am attaching copies of the following information:

a. Copy of the Judgment .....yes or

b. Medical Records .....yes or

c. Specific Description of my injuries Yes Institution

To file a claim in the 30th Judicial Circuit

Circle One

17. Has anyone ever prepared for you:

- a. A Life Care Plan..... yes or  no
- b. Medicare Set Aside Cost Projections ..... yes or  no
- c. Life expectancy projection ..... yes or  no

If yes to any questions above in #17, submit a copy to the City of Detroit.

18. What specific body parts were impacted by the Injury/illness:

Right leg



19. That my Gender is:  Male  Female

20. That the accident which gave rise to this Claim/Lawsuit occurred on:

June 28, 2012 (Date)



21. On NA (Date), a Settlement or Judgement of my

Claim/Lawsuit was agreed to/rendered for the total amount of

1,000 Dollars (\$ 1,000).

22. On the date of the accident/event, did any household family

member own an automobile with valid No Fault Insurance

coverage..... yes or  no



I, Richard Hall, HAVE READ THE ABOVE MEDICARE REPORTING AFFIDAVIT AND STATE THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT AND THAT IN THE EVENT THAT THE CITY OF DETROIT IS HELD LIABLE DUE TO ANY MISINFORMATION OR OMISSION OF INFORMATION BY AFFIANT IN THIS AFFIDAVIT, AFFIANT SHALL INDEMNIFY, HOLD HARMLESS AND REIMBURSE THE CITY OF DETROIT FOR ALL PAYMENTS, DAMAGES, MONIES, COSTS, ATTORNEY'S FEES, EXPENSES, MEDICARE LIENS, MEDICARE DEMANDS FOR REIMBURSEMENT, MEDICARE OFFSETS, MEDICARE FINES, MEDICARE PENALTIES AND ANY MEDICARE PAYMENTS INCURRED BY THE CITY OF DETROIT RESULTING FROM SAID OMISSION OR MISINFORMATION. FURTHER, I SHALL FULLY COOPERATE WITH THE CITY OF DETROIT IN ANY DISPUTE OR MATTERS RELATED TO THIS INCIDENT INVOLVING MEDICARE AND SHALL EXECUTE ALL DOCUMENTS REQUIRED OR REQUESTED BY THE CITY OF DETROIT, MEDICARE OR ITS AGENTS THAT MAY BE REQUIRED OR NECESSARY TO RESOLVE ANY SAID DISPUTE OR MATTER.

FURTHER AFFIANT SAITH NOT.

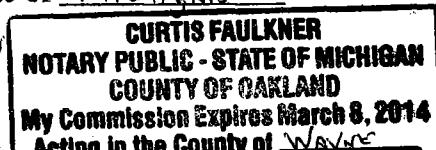
*Richard Hall*  
SIGNATURE OF THE CLAIMANT/PLAINTIFF

This Medicare Reporting Affidavit and Indemnification was acknowledged, subscribed and sworn to before me this 31<sup>st</sup> day of Dec, 2013, by Richard Hall, who hereby declares under penalty of perjury under the laws of the State of Michigan that he or she is authorized in fact and law to execute this Medicare Reporting Affidavit and Indemnification.

Curtis Faulkner

Notary Public, County of Wayne, State of Michigan

My Commission Expires: March 08, 2014



NOTE: SHOULD THIS RELEASE BE SIGNED BY THE CLAIMANT/PLAINTIFF OUTSIDE OF THE STATE OF MICHIGAN THAT FACT MUST BE NOTED IN THE APPROPRIATE AREA ABOVE AND THE OUT OF STATE NOTARY MUST ATTACH A CERTIFICATE OF NOTARIAL AUTHORITY FROM THE STATE HE OR SHE IS AUTHORIZED TO ACT AS A NOTARY.



36400 Woodward Ave., Ste. 130  
Bloomfield Hills, MI 48304  
(248) 901-0011  
[www.FreedlandMD.com](http://www.FreedlandMD.com)

**Michael H. Freedland, M.D., P.C.**  
Acknowledgement of Receipt of Notice of Privacy Information Practices

My signature on this form indicates that I have received a Notice of Privacy Information Practices.

In the event that I have questions, I have been given the name of the Privacy Officer, whose information is listed below, who will be able to answer my questions.

**PRIVACY OFFICER**  
Donna Phillips, Business Manager  
36400 Woodward Ave., Suite 130  
Bloomfield Hills, MI 48304  
248-901-0011

I request the following person(s) to receive information regarding my protected health information:

Name: Ronald Relation: Attorney Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Other:  
\_\_\_\_\_  
\_\_\_\_\_

Rechel Hall  
Signature of Patient or Legal Representative

4/7/12-11-5-2012  
Date

**OFFICE USE ONLY:**

Patient refused to sign consent despite a good faith effort to receive acknowledgement.

Employee Signature

Title

Date

# MICHAEL H. FREEDLAND, M.D.

Where Medicine Meets Artistry

PLASTIC SURGERY & MEDICAL SPA

Date 11-5-2012

Patient: (Mr., Mrs., Ms., Dr.) First Name <u>Richard</u>	M.I. <u>L</u>	Last Name <u>Hall</u>	Nickname <u>Ricke Rich</u>	
Sex: <input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth <u>11-11-1975</u>	Age <u>36</u>	Social Security # <u>385-66-7987</u>
Street <u>6626 Hartford</u>	City <u>Detroit</u>	State <u>MI</u>	Zip <u>48210</u>	
Home Tel.# ( )	Business Tel.# ( )	Ext. _____	Cellular Tel. # <u>330 831 3346</u>	
Medical Doctor _____	Address _____	Tel. # ( ) _____		
Referred by _____	Employer _____			
Driver's Lic. # <u>H40073854986</u> Nearest relative not living with you <u>SEAN ELIAS</u> Tel. # <u>(313) 208-8218</u>				
Have you ever been a patient of our practice? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No E-mail <u>Richard.l.hall75@gmail.com</u>				
IN CASE OF EMERGENCY, CONTACT: Name <u>SATAH McClure</u> Tel # <u>H.(313) 680 8318 (cell) W.(33) 967 4527</u>				

## Health History

TO OUR PATIENTS: Health problems that you may have or medication that you may be taking could have an important interrelationship with the care that you will be receiving. Thank you for answering the following questions. Your answers are for our records only and will be considered confidential.

Reason for today's office visit: Burn Victim (2nd degree) Partial Thinning (thickening) of skin at manhole step 1/4

- |  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| 1. Are you in good health? <u>Yes</u> Height <u>6'</u> Weight <u>170 lbs</u>                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. Have there been any changes in your general health in the past year?                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. Are you under the care of a physician? <u>Yes</u> Date of last visit: <u>Oct 2012</u>               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| If so, for what are you being treated? <u>Primary Care</u>   |                                     |                                     |
| 4. Have you had any serious illness, operations or hospitalizations? If so, describe _____<br><u>✓</u> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. Do you have a prosthetic joint / implant?---If so, describe where _____                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6. Have you had a heart valve replacement or vascular graft? _____                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

MEDICATION			WOMEN		
ARE YOU NOW TAKING....	Yes	No	ARE YOU NOW TAKING....	Yes	No
1. Any kind of medicine, drugs, or pills?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Is there a possibility of pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>
2. Anticoagulants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Estimated delivery date? <u>/ /</u>	<input type="checkbox"/>	<input type="checkbox"/>
3. Diet Pills?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Are you nursing?	<input type="checkbox"/>	<input type="checkbox"/>
4. Tranquilizers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Are you taking birth control pills?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Cortisone?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
6. Other medications (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			



36400 Woodward Ave., Ste.130  
Bloomfield Hills, MI 48304  
(248) 901-0011  
[www.FreedlandMD.com](http://www.FreedlandMD.com)

Re: Richard Hall  
Chart Number: 258829  
DOB: 11/11/1975

**HISTORY:** This is a 36-year-old male presents with burn scars to his lower extremities right more than left. He reports that he is walking down the street and sustained burn on his leg from steam coming up from the street. This occurred back in June 2012. He had an interest in finding above corrective surgery.

**PAST MEDICAL HISTORY:** None.

**SURGICAL HISTORY:** None.

**MEDICATIONS:** None.

**ALLERGIES:** None.

**SOCIAL HISTORY:** The patient denies smoking, alcohol, and drug use.

**FAMILY HISTORY:** Negative for cancer, diabetes, heart disease and anesthetic problems.

**REVIEW OF SYSTEMS:**

Mentation: Patient is alert and oriented x 3 and does not complain of any mental status changes.

Neurosensory: Patient has no complaint of changes in sensation.

Musculoskeletal: Patient denies any muscle weakness.

Heart: Patient denies any chest pain.

Lungs: Patient denies any shortness of breath.

Gastrointestinal: Patient denies any nausea, vomiting, constipation, or diarrhea.

**PHYSICAL EXAMINATION:**

Neurosensory exam is within normal limits. Musculoskeletal is also within normal limits. The patient does have some irregularities associated with the burn on the right thigh is approximately 7 x 8 cm and left leg has some discoloration. He describes that he sees at times to approximately 3 x 12 cm. I explained to them that these scars are permanent and they did not have great surgical intervention for him, but I did recommend using scar cream and it may lighten the scars. He will continue to follow for now and return as needed.

HAVE YOU HAD OR DO YOU CURRENTLY HAVE.....		Yes	No	HAVE YOU HAD OR DO YOU CURRENTLY HAVE.....		Yes	No	HAVE YOU HAD OR DO YOU CURRENTLY HAVE.....		Yes	No
1	Rheumatic fever?		X	18	Blood transfusion?		X	34	Contagious diseases?		X
2	Damaged heart valves / mitral valve prolapse		X	19	Blood disorder such as anemia?		X	35	Swollen ankles, arthritis or joint disease?		X
3	Heart murmur?		X	20	Bruise easily?		X	36	Sexually transmitted disease?		X
4	High blood pressure?		X	21	Bleeding tendency (abnormal bleed?)		X	37	Problems with the immune system?		X
5	Low blood pressure?		X	22	Jaundice, hepatitis or liver disease?		X	38	Delay in healing?		X
6	Chest pain, angina?		X	23	Infectious mononucleosis?		X	39	A tumor or growth?		X
7	Heart attack(s)?		X	24	Gallbladder trouble?		X	40	X-Ray treatment / chemotherapy?		X
10	Heart surgery?		X	25	Fainting spells?		X	41	Chronic fatigue / night sweats?		X
11	Bronchitis, chronic cough?		X	26	Convulsions, epilepsy?		X	42	Are you on a diet?		X
12	Asthma?		X	27	Stroke?		X	43	A history of drug abuse?		X
13	Hay fever / sinus problems?		X	28	Thyroid trouble?		X	44	A history of alcohol abuse?		X
14	Tuberculosis?		X	29	Diabetes?		X	45	Contact lenses?		X
15	Emphysema?		X	30	Low blood sugar?		X	46	Eye disease / glaucoma?		X
16	Difficult breathing / other lung trouble?		X	31	Kidney trouble?		X	47	Mental health problems?		X
17	Do you smoke?		X	32	Are you on dialysis?		X	48	Malignant hyperthermia?		X
				33	Stomach ulcers?		X				

Do You Have Sleep Apnea?  Yes  No  Not Sure      Do You Have Any Acquired or Hereditary Muscle Diseases?  Yes  No  Not Sure

### ALLERGIES

ARE YOU ALLERGIC TO OR HAD A REACTION TO...	Yes	No	ARE YOU ALLERGIC TO OR HAD A REACTION TO...	Yes	No
1. Local anesthetics?		X	7. Other medications?		X
2. Penicillin?		X	8. Allergies other than drug allergies (please list)		X
3. Other antibiotics?		X			
4. Sodium pentothal, valium, or other tranquilizers?		X			
5. Aspirin?		X			
6. Codeine or other narcotics?		X			

ARE THERE ANY CONDITIONS CONCERNING YOUR HEALTH OF WHICH THE DOCTOR SHOULD BE AWARE?  Yes  No

Is there a family history of: Cancer  Yes  No      Diabetes  Yes  No      Heart Disease  Yes  No      Anesthetic Problems  Yes  No

I understand that photos may be used and shown for research and publication purposes  
and I authorize release of same.

Initials: R.L.H.

I certify that I have read and I understand the questions above. I acknowledge that my questions, if any, about the inquiries set forth above have been answered to my satisfaction. I will not hold my surgeon, or any other member of his / her staff, responsible for any errors or omissions that I have made in the completion of this form.

I authorize my surgeon and his / her designated staff, to perform an examination, for the purpose of diagnosis and treatment planning. Furthermore, I authorize the taking of all x-rays required as a necessary part of this examination. In addition, if medically necessary, I authorize the release of any information acquired in the course of my examination and treatment.

Debra Hall  
Signature of Patient  
(Parent or Guardian If minor)

11-5-2012  
Date

Witness: Drena Rekay

Doctor: J. S. Hall

MICHAEL H. FREEDLAND, M.D.

Patients Name Hall, Richard

Chart # 258829

DATE

11/5/12 (R) ankle sprain -  
L. Freedland.  
6/28/12

(P)

- Discussed Indications and Locations
- Discussed Anatomy and Physiology
- Discussed Risks and Benefits

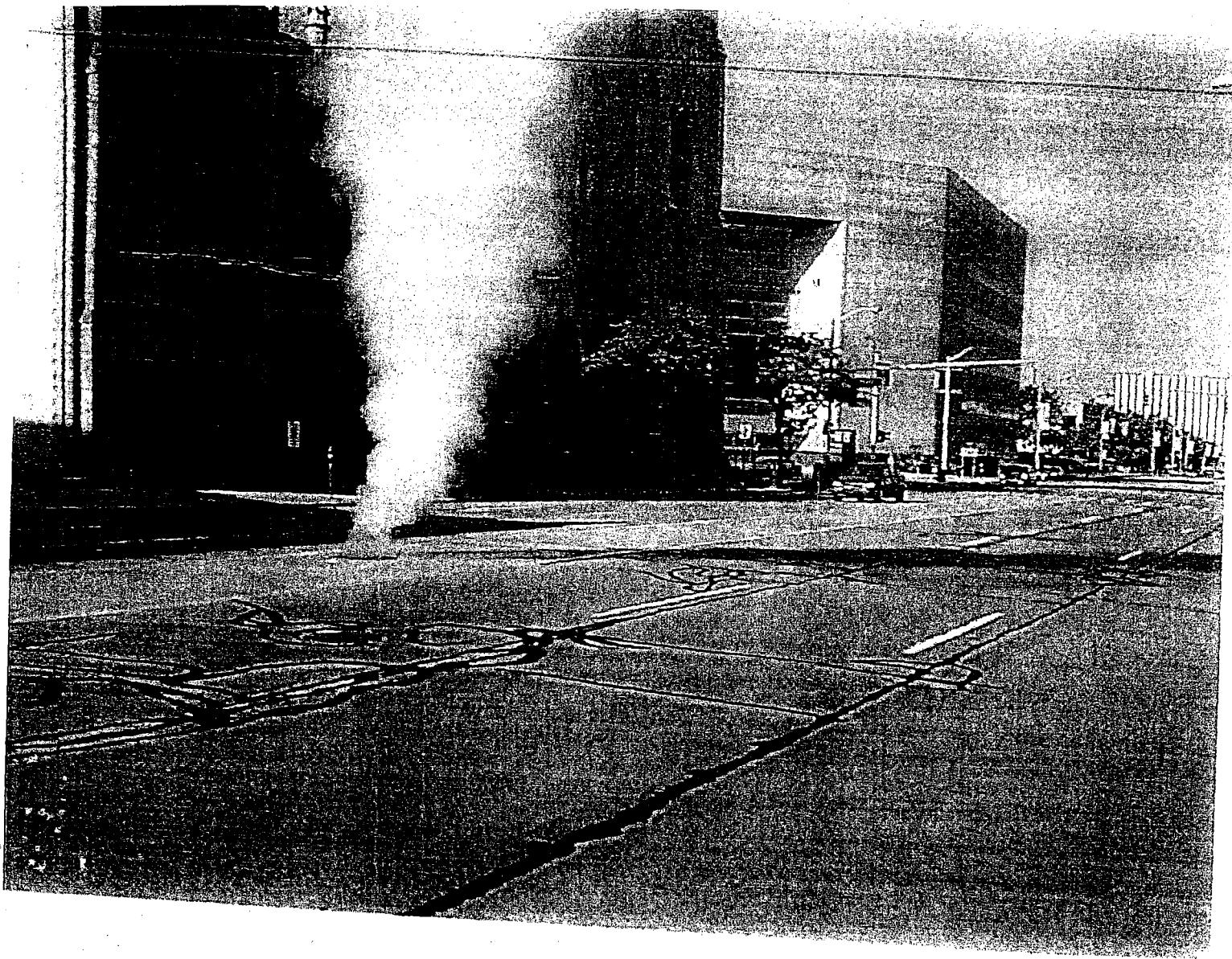
15 pt pain @ this time -  
Sig. pt. pain relief in less.  
M/S intact.

MFCPT 60 min

PV-prn.

ppg.





**PHYSICIAN DOCUMENTATION SHEET**

Tue Jul 03 09:16:24 EDT 2012

Henry Ford Hospital  
Emergency Department  
2799 W. Grand Blvd.  
Detroit, MI 48202  
PHONE: (313) 916-1545

**MRN:** 33680716**Account #:** 2180**Name:** Hall, Richard-L**Sex:** M**Age:** 36**DOB:** 11/11/1975**Complaint:** Burn**Primary Diagnosis:** Burn of ankle**Arrival Time:** 06/28/2012 12:40**Discharge Time:** 06/28/2012 14:13**All Providers:** MD EM Staff Nikhil Goyal; PA David Dereczyk**HPI:**

The patient is a 36-year-old male who presents with a chief complaint of burn. Pt presents with hx of havinf been accidentally burned by hot steam while walking across a street and struck on legs with staem from sewer/manhole cover . Pt c/o pqain and blister on his rt lower leg, Seen at his school clinic and antibiotic ointmnet applied to his blistered rt leg. Pt unsure of last tt. The history was provided by the patient and CarePlus review. The burn occurred several hours ago. The burn occurred on a street. The affected area is described as blister(s). The burn was caused by a(n) steam. Localized symptoms include pain at the injury site, swelling, tenderness to touch and warmth to touch . The burn occurred while the patient was walking. There was no loss of consciousness. The patient was treated prior to arrival with antibiotics. The patient was found to be awake and alert. The patient has had the following prior evaluations: evaluation by primary care doctor.

13:43 06/28/2012 by David Dereczyk, PA

**ROS:**

**Constitutional:** otherwise Negative  
**Musculoskeletal:** Positive for swelling.  
**Skin:** Positive for blisters and swelling.

13:43 06/28/2012 by David Dereczyk, PA

**PMH:**

**Reviewed by:** Physician Assistant  
**Historian:** the patient, CarePlus review  
**Social History:** non-smoker, alcohol use-none, drug use-none  
**Travel History:** no recent foreign travel  
**Medical History:** none  
**Surgical History:** hemorrhoidectomy  
**Family History:** unknown  
**Immunization status:** tetanus less than 5 years  
**Special Needs:** no barriers to learning

-2-

Allergies		
Allergen	Allergic reaction	Allergy Note
NKDA		

13:43 06/28/2012 by David Dereczyk, PA

**Home Medications:**

Medications		
Medication	Dosage	Frequency
Vicodin Oral		
ibuprofen Oral		

**Home Medication Verification:** Verified With No Changes  
 13:43 06/28/2012 by David Dereczyk, PA

**Physical examination:**

**Vital Signs:** vital signs per nurses  
**Constitutional:** Oriented, Alert, in NAD, alert, comfortable appearance  
**Extremity Exam:** NOTE - There is a 2cm x 5 cm blister across ant lower leg. No drainage. No discharge. Thw surrounding skin is erythematous.  
 13:43 06/28/2012 by David Dereczyk, PA

**Medical Decision Making:**

**Differential Diagnosis:** partial thickness burn  
**Initial ED therapy:** analgesics, antibiotics, tetanus toxoid  
 13:43 06/28/2012 by David Dereczyk, PA

**Reassessment:**

**Reassessment of symptoms:** improved  
 13:43 06/28/2012 by David Dereczyk, PA

**Reassessment:**

**Reassessment of symptoms:** improved  
 13:43 06/28/2012 by David Dereczyk, PA

**Procedures:** NOTE - The burn area was cleansed with Saline and a silvadene drssing placed with sterile 4x4's.  
 13:43 06/28/2012 by David Dereczyk, PA

**Patient disposition:**

**Primary Diagnosis:** burn of ankle  
**Patient disposition:** Disch - Home  
 13:43 06/28/2012 by David Dereczyk, PA

**Medication disposition:**

-3-

Medications				
Medication	Dosage	Frequency	Last Dose	Patient needs to:
Vicodin Oral				continue
Ibuprofen Oral				continue

13:43 06/28/2012 by David Dereczyk, PA

**Prescriptions:**

Prescription		
Medication	Dispense	Sig Line
Norco 5 mg-325 mg Tab	#30	one to two po QID prn pain
Silvadene 1 % Topical Cream	20 GM Jar	Apply to affected area BID

13:43 06/28/2012 by David Dereczyk, PA

**Return to Work/School:**

Sheet is for: Hall, Richard

Was in the ED from: 06/28/2012 12:40

Until: 06/28/2012 13:43

Return Disposition: May return to school without restrictions

Return Date: 06/29/2012

13:43 06/28/2012 by David Dereczyk, PA

**Discharge:****Discharge Instructions:**

Henry Ford Hospital 2799 W. Grand Blvd. Detroit, MI 48202 (313) 916-1545

**Take-Home Instructions for the Patient**

Patients Name: Hall, Richard L Date of Service: 06/28/2012 Medical Record Number: 33680716  
 Medical Provider: MD EM Staff Nikhil Goyal Primary Medical Provider: PA David Dereczyk  
 Primary Diagnosis: Burn of ankle Additional Diagnoses:

PLEASE NOTE: The examination and treatment that you have received in the Emergency Department have been rendered on an emergency basis only and are not intended to be a substitute for or an effort to provide complete medical service. A follow-up doctor or facility is named below. It is important that you be checked again as recommended below and report any new or remaining problems at that time, because it is impossible to recognize and treat all elements of injury or illness in a single Emergency Department visit.

Call to arrange an appointment to see the following physician for follow-up care. Referral: Referral/Appointment:

Refer Patient To: Hfh Emergency- Return In \_\_\_\_\_ Days  
 Follow-up in: 1 days

\*\*\*\*\*  
 Keep dressed , clean and dry. Meds as directed. Retrun tomorrow for burn recheck and dressing change  
 \*\*\*\*\*

**ADDITIONAL FOLLOW-UP INSTRUCTIONS** 1. If you have a physician at Henry Ford Hospital, call that physicians office directly for an appointment. If you dont know your doctors telephone number, call 1-800-HENRYFORD for assistance. 2. If you dont have a physician at Henry Ford Hospital, but would like one, contact your health insurer first to be sure they will cover your visit (telephone number is on your health card). If approved, call at 1-800-HENRYFORD for an appointment. If your health insurer will not authorize an appointment at Henry Ford Hospital ask for a physician within your health plan. 3. If you have a physician outside of Henry Ford Hospital, call your physicians office directly for an appointment. 4. If you have health insurance but no physician, call your insurance company for a referral to a physician in your health plan (telephone number is on your health card). If you are unable to get an appointment, ask which hospital emergency rooms participate in your health plan so that you will not incur any out of pocket expense should you require further care. 5. If you are uninsured, and do not have a primary care physician, you can call to schedule a follow-up appointment at one of our affiliated health care clinic - CHASS Midtown. CHASS Midtown is located at 7436 Woodward, telephone number - 313-556-9907. Hours of operation: (Wed and Fri - 8:30am - 5:00pm) and (Mon, Tues and Thu - 12:00 noon - 8:00pm). 6. If you have Medicaid or a Medicaid HMO, please call 313-876-3810 for any follow up appointments you may need with the Henry Ford Health System.

When you call for an appointment, say that you were referred from this Emergency Department. Take all papers and prescriptions (be sure to get your prescriptions filled) given to you in the Emergency Department with you when you go to see the doctor. If you cannot see the above doctor and your condition worsens so that you require emergency treatment, come back to this department.

**PLEASE TAKE THIS WITH YOU WHEN YOU SEE THE DOCTOR LISTED ABOVE**

**burns**

**BURNS:** You have been seen for a burn.

Burns can be divided into one of three categories:

First-degree burns. These are relatively minor burns and involve only the superficial layer of skin. The skin is red and painful without blistering. These burns usually heal without scarring. A bad sunburn is an example of a first-degree burn.

Second-degree burns. These burns are more serious and involve deeper layers of the skin. The skin is red, painful, with blisters. Scarring may result from second degree burns.

Third-degree burns. These burns involve deep layers of the skin and always result in some degree of scarring. These burns may or may not be painful. Remove old dressings daily and apply a clean dry dressing. If the dressing sticks to the wound, slightly moisten it with water. This will allow it to come off easier.

Apply antibiotic ointment to the burn several times a day and cover it with a clean, dry dressing. Polysporin ointment, Silvadene cream, and Bacitracin ointment are over-the-counter antibiotic ointments that are commonly used for burn care.

**YOU SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY, EITHER HERE OR AT THE NEAREST EMERGENCY DEPARTMENT, IF ANY OF THE FOLLOWING OCCURS:**

Unusual redness or swelling.

Red streaks extending from the wound.

Foul drainage or odor from the wound.

Pain with movement of the extremity and / or swollen lymph nodes (nodules that are usually

-5-

found in the groin, armpit and neck).

Fever, chills, increasing pain and / or swelling. Prescriptions Received: Norco 5 mg-325 mg Tab, Silvadene 1 % Topical Cream Discharge Instructions Received: <DXINSTRUCTION-NAMES> Drug Instructions Received:

**Referral/Appointment:**

Refer Patient To:: Hfh Emergency- Return In \_\_\_\_\_ Days  
Follow-up in: 1 days

I hereby acknowledge receipt of the instructions indicated above. I understand that I have had emergency treatment and that I may be released before all my medical problems are known or treated. I will arrange for follow-up care as instructed above.

\*\*\*\*\*  
Keep dressed , clean and dry. Meds as directed. Retrun tomorrow for burn recheck and dressing change  
\*\*\*\*\*

Date/Time: 07/03/12 09:16:24 Treating MD: MD EM Staff Nikhil Goyal

Patient Signature: \_\_\_\_\_ Suffix  
Number: 2180 Medical Record Number: 33680716

I have explained the instructions and have given a copy to the patient.

Discharge Personnel Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Append a Note to Discharge Instructions:** Keep dressed , clean and dry. Meds as directed. Retrun tomorrow for burn recheck and dressing change

Referral/Appointment			
Refer Patient To:	Phone Number:	Follow-up in	Appointment Details:
Hfh Emergency- Return In _____ Days		1 days	

13:43 06/28/2012 by David Dereczyk, PA

Documentation completed by Mid-level Provider  
13:43 06/28/2012 by David Dereczyk, PA

Chart electronically signed by Responsible Physician  
15:06 06/28/2012 by Nikhil Goyal, MD EM Staff

**PHYSICIAN DOCUMENTATION SHEET**

Wed Jul 11 04:14:10 EDT 2012

Henry Ford Hospital  
 Emergency Department  
 2799 W. Grand Blvd.  
 Detroit, MI 48202  
 PHONE: (313) 916-1545

**MRN:** 33680716**Account #:** 2181**Name:** Hall, Richard L**Sex:** M**Age:** 36**DOB:** 11/11/1975**Complaint:** Burn**Primary Diagnosis:** Burn of lower limb**Arrival Time:** 06/29/2012 18:07**Discharge Time:** 06/29/2012 20:24**All Providers:** PA Rya Lawrence; MD EM Staff David Amponsah**HPI:**

The patient is a 36-year-old male who presents with a chief complaint of burn. The history was provided by the patient and CarePlus review. The burn occurred yesterday. Pt states that he was walking across the street and was burned by the steam from a manhole cover. He was seen yesterday and blister was covered with silvadene and pt was told to return to ER today for dressing change and evaluation. He returns today. Denies any changes in sensation. The blister is still intact. no numbness, tingling or weakness of foot. DP pulse 2+.

22:01 06/29/2012 by Rya Lawrence, PA

**ROS:****Constitutional:** Negative for fever and chills.**Gastrointestinal:** Negative for nausea and vomiting.**Skin:** NOTE - burn to left leg.

22:01 06/29/2012 by Rya Lawrence, PA

**PMH:****Reviewed by:** Physician Assistant**Historian:** the patient, CarePlus review**Social History:** non-smoker, alcohol use-none, drug use-none**Travel History:** no recent foreign travel**Medical History:** none**Surgical History:** hemorrhoidectomy**Family History:** unknown**Immunization status:** tetanus less than 5 years**Special Needs:** no barriers to learning

Allergies		
Allergen	Allergic reaction	Allergy Note
NKDA		

**NOTE - wrist surgery.**

22:02 06/29/2012 by Rya Lawrence, PA

-2-

**Home Medications:**

Medications		
Medication	Dosage	Frequency
Tylenol-Codeine #3 Oral		
Ibuprofen Oral		

**Home Medication Verification:** Verified With No Changes  
 20:08 06/29/2012 by Rya Lawrence, PA

**Physical examination:**

**Vital Signs:** vital signs per nurses  
**Constitutional:** Oriented, Alert, in NAD  
**Skin normal:** NOTE - 5x11cm blister. Intact with clear fluid. slight erythema to base. Foot with normal DP pulse, normal strength and gait.  
 22:04 06/29/2012 by Rya Lawrence, PA

**Medical Decision Making:**

**Differential Diagnosis:** partial thickness burn  
**Amount and complexity of data:** discussion with patient, medical Records reviewed  
 22:04 06/29/2012 by Rya Lawrence, PA

**Procedures:****Wound Recheck:**

**Location:** left shin  
**Surface:** anterior  
**Prior treatment:** burn care  
**Days ago:** 1  
**Reassessment:** NOTE - blister intact.

**Treatment:** sterile dressing  
**Topical antibiotic:** Silvadene cream

22:05 06/29/2012 by Rya Lawrence, PA

**Staff physician:**

**Teaching physician note:** I reviewed the PA's note and agree with the documented findings and plan of care without changes.  
 23:35 06/29/2012 by David Amponsah, MD EM Staff

**Patient disposition:**

**Primary Diagnosis:** burn of lower limb  
**Patient disposition:** Disch - Home  
 20:11 06/29/2012 by Rya Lawrence, PA

**Medication disposition:**

-3-

<b>Medications</b>				
<b>Medication</b>	<b>Dosage</b>	<b>Frequency</b>	<b>Last Dose</b>	<b>Patient needs to:</b>
Tylenol-Codeine #3 Oral				continue
ibuprofen Oral				continue

20:11 06/29/2012 by Rya Lawrence, PA

**Discharge:****Discharge Instructions:**

Henry Ford Hospital 2799 W. Grand Blvd. Detroit, MI 48202 (313) 916-1545

**Take-Home Instructions for the Patient**

Patients Name: Hall, Richard L Date of Service: 06/29/2012 Medical Record Number: 33680716  
 Medical Provider: MD EM Staff David Amponsah Primary Medical Provider: PA Rya Lawrence  
 Primary Diagnosis: Burn of lower limb Additional Diagnoses:

**PLEASE NOTE:** The examination and treatment that you have received in the Emergency Department have been rendered on an emergency basis only and are not intended to be a substitute for or an effort to provide complete medical service. A follow-up doctor or facility is named below. It is important that you be checked again as recommended below and report any new or remaining problems at that time, because it is impossible to recognize and treat all elements of injury or illness in a single Emergency Department visit.

Call to arrange an appointment to see the following physician for follow-up care. Referral: Referral/Appointment:

Refer Patient To:: Plastic Surgery-Main Campus/313-916-2676

\*\*\*\*\*  
 take motrin or tylenol as needed for pain return to ER for signs of infection-fevers, yellow thick drainage wash area daily and remove all old silvadene cream. Apply new silvadene cream and use fresh dressing daily follow up with Burn Clinic at Detroit Receiving 313 745-3449 or with plastic surgery clinic on monday or tuesday  
 \*\*\*\*\*

**ADDITIONAL FOLLOW-UP INSTRUCTIONS** 1. If you have a physician at Henry Ford Hospital, call that physician's office directly for an appointment. If you don't know your doctor's telephone number, call 1-800-HENRYFORD for assistance. 2. If you don't have a physician at Henry Ford Hospital, but would like one, contact your health insurer first to be sure they will cover your visit (telephone number is on your health card). If approved, call at 1-800-HENRYFORD for an appointment. If your health insurer will not authorize an appointment at Henry Ford Hospital ask for a physician within your health plan. 3. If you have a physician outside of Henry Ford Hospital, call your physician's office directly for an appointment. 4. If you have health insurance but no physician, call your insurance company for a referral to a physician in your health plan (telephone number is on your health card). If you are unable to get an appointment, ask which hospital emergency rooms participate in your health plan so that you will not incur any out-of-pocket expense should you require further care. 5. If you are uninsured, and do not have a primary care physician, you can call to schedule a follow-up appointment at one of our affiliated health care clinics - CHASS Midtown. CHASS Midtown is located at 7436 Woodward, telephone number - 313-556-9907. Hours of operation: (Wed and Fri - 8:30am - 5:00pm) and (Mon, Tues and Thu - 12:00 noon - 8:00pm). 6. If you have Medicaid or a Medicaid HMO, please call 313-876-3810 for any follow up appointments you may need with the Henry Ford Health System.

When you call for an appointment, say that you were referred from this Emergency Department. Take all papers and prescriptions (be sure to get your prescriptions filled) given to you in the Emergency Department with you when you go to see the doctor. If you cannot see the above doctor and your condition worsens so that you require emergency treatment, come back to this department.

**PLEASE TAKE THIS WITH YOU WHEN YOU SEE THE DOCTOR LISTED ABOVE**

burns

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Burns can be divided into one of three categories:

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Third-degree burns. These burns involve deep layers of the skin and always result in some degree of scarring. These burns may or may not be painful. Remove old dressings daily and apply a clean dry dressing. If the dressing sticks to the wound, slightly moisten it with water. This will allow it to come off easier.

Apply antibiotic ointment to the burn several times a day and cover it with a clean, dry dressing. Polysporin ointment, Silvadene cream, and Bacitracin ointment are over-the-counter antibiotic ointments that are commonly used for burn care.

**YOU SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY, EITHER HERE OR AT THE NEAREST EMERGENCY DEPARTMENT, IF ANY OF THE FOLLOWING OCCURS:**

Unusual redness or swelling.

Red streaks extending from the wound.

Foul drainage or odor from the wound.

Pain with movement of the extremity and / or swollen lymph nodes (nodules that are usually found in the groin, armpit and neck).

Fever, chills, increasing pain and / or swelling. Prescriptions Received: Discharge Instructions Received: <DXINSTRUCTIONNAMES> Drug Instructions Received:

Referral/Appointment:

Refer Patient To:: Plastic Surgery-Main Campus/313-916-2676

I hereby acknowledge receipt of the instructions indicated above. I understand that I have had emergency treatment and that I may be released before all my medical problems are known or treated. I will arrange for follow-up care as instructed above.

\*\*\*\*\*  
take motrin or tylenol as needed for pain return to ER for signs of infection-fevers, yellow thick drainage wash area daily and remove all old silvadene cream. Apply new silvadene cream and use fresh dressing daily follow up with Burn Clinic at Detroit Receiving 313 745-3449 or with plastic surgery clinic on monday or tuesday  
\*\*\*\*\*

-5-

Date/Time: 07/11/12 04:14:10 Treating MD: MD EM Staff David Amponsah

Patient Signature: \_\_\_\_\_ Suffix  
Number: 2181 Medical Record Number: 33680716

I have explained the instructions and have given a copy to the patient.

Discharge Personnel Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Append a Note to Discharge Instructions:** take motrin or tylenol as needed for pain return to ER for signs of infection-fevers, yellow thick drainage wash area daily and remove all old silvadene cream. Apply new silvadene cream and use fresh dressing daily follow up with Burn Clinic at Detroit Receiving 313 745-3449 or with plastic surgery clinic on monday or tuesday

Referral/Appointment			
Refer Patient To:	Phone Number:	Follow-up in	Appointment Details:
Plastic Surgery-Main Campus/313-916-2676			

20:15 06/29/2012 by Rya Lawrence, PA

Documentation completed by Mid-level Provider  
22:05 06/29/2012 by Rya Lawrence, PA

Chart electronically signed by Responsible Physician  
23:35 06/29/2012 by David Amponsah, MD EM Staff

# ZAMLER, MELLEN & SHIFFMAN, P.C.

GENE ZAMLER  
DONALD SHIFFMAN  
RICHARD J. EHRLICH  
PAUL S. ROSEN  
MARGARET HOLMAN JENSEN  
STEVEN KARFIS  
ALICE A. BUFFINGTON  
JAMES D. BLOOM

ATTORNEYS AND COUNSELORS  
ADVANCE BUILDING  
23077 GREENFIELD ROAD  
SUITE 557  
SOUTHFIELD, MICHIGAN 48075

OF COUNSEL  
MARK I. MELLEN  
KARL E. NOVAK  
CHAD ZAMLER  
\*BRAD M. ZAMLER  
MARC J. LITTMAN  
LISA ROTH  
MARIO J. AZZOPARDI  
DAVID J. WINTER  
KEVIN S. OLIVER

1-248-557-1155  
1-800-LAWYERS  
FAX (248) 552-1380  
WEBSITE: WWW.ZMSLAW.COM  
WRITER'S DIRECT DIAL NUMBER

\* MEMBER OF ILLINOIS BAR ONLY

## CERTIFIED MAIL

December 19, 2013

7013 1710 0001 5635 8369

Richard Hall  
3752 Eastern Place  
Detroit, MI 48208

Dear Mr. Hall:

This letter shall confirm the telephone conversation of December 19, 2013 with my assistant, wherein you indicated that you are unable to appear in my office to pick up the requested documents and requested that we mail same. Therefore, pursuant to your request, attached are the relevant documents from my file and the original papers which the City of Detroit sent to you.

Very truly yours,

ZAMLER, MELLEN & SHIFFMAN, P.C.

BY:  
GENE ZAMLER  
GZ:ca  
enclosure

P.S. I have also enclosed a copy of my December 18, 2013 letter for your review.

CELEBRATING OVER **40** YEARS OF SERVICE  
SINCE 1969

FISHER BUILDING: 3011 WEST GRAND BLVD., SUITE 406, DETROIT, MI 48202 - (313) 874-0120

TAYLOR OFFICE: HORIZON BUSINESS CENTER EAST, 20500 EUREKA, SUITE 107, TAYLOR, MI 48180 - (734) 246-7128



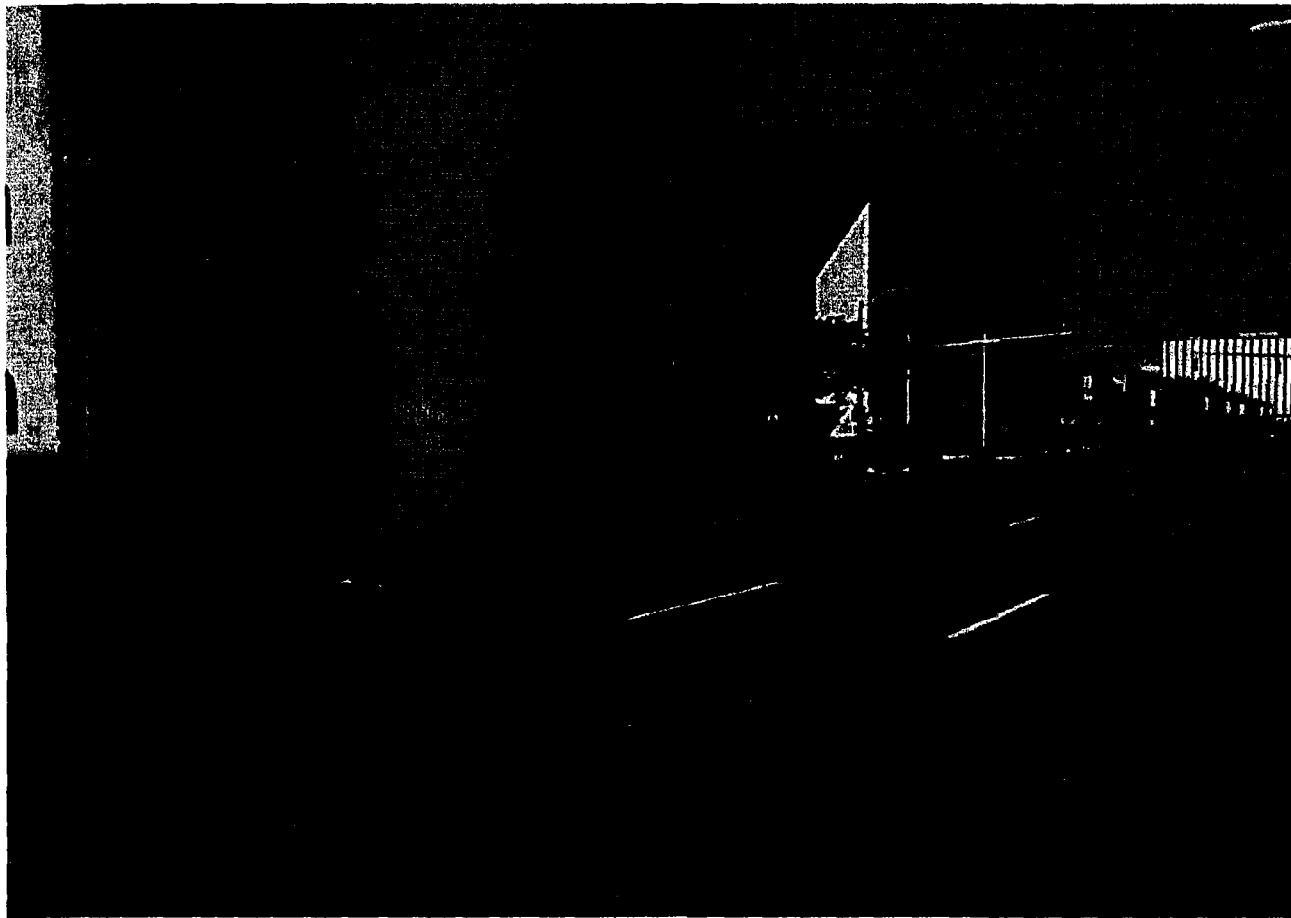
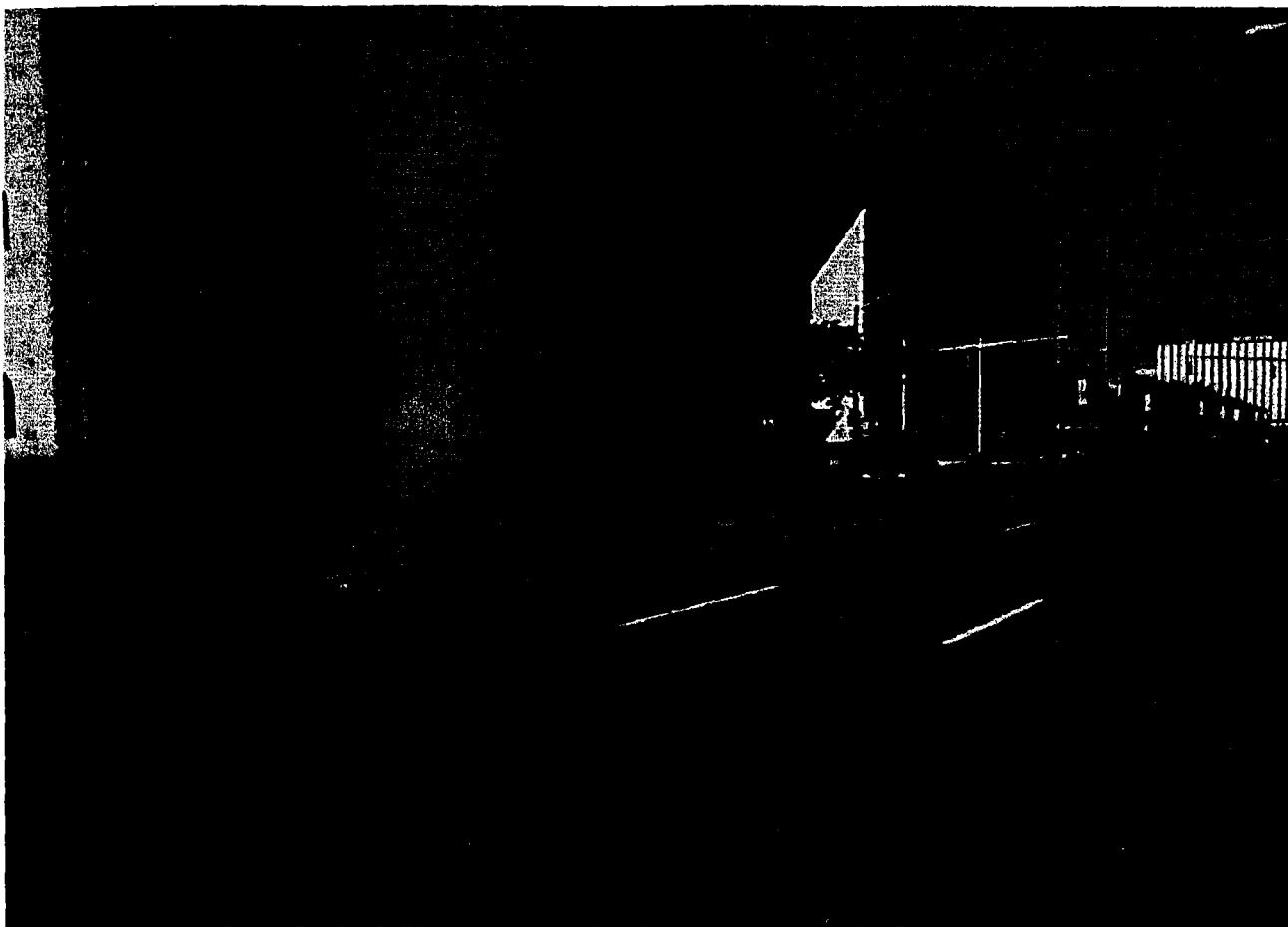




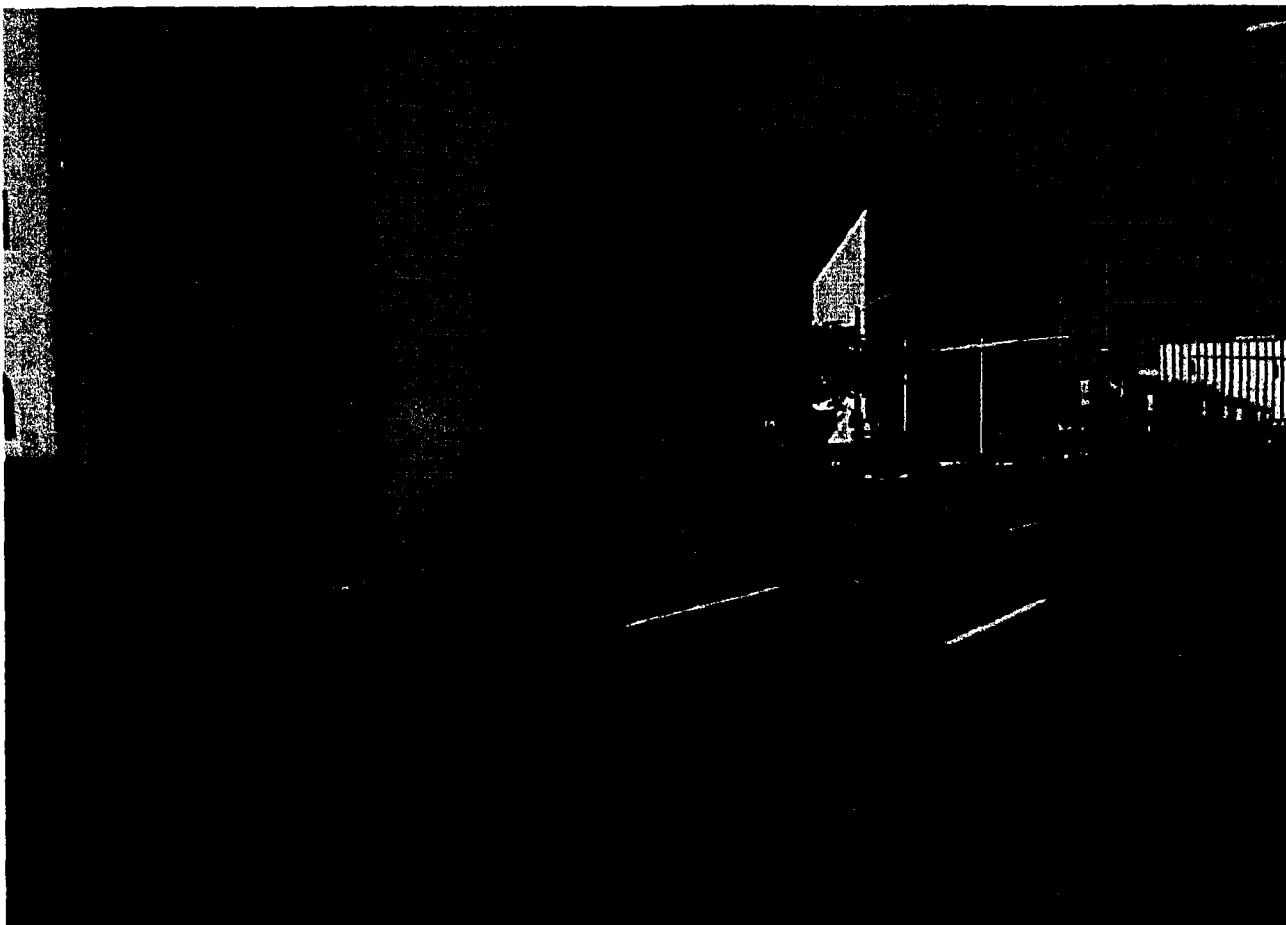
Google earth

feet  
meters











11/05/2012



11/05/2012

OCKPORT

11/05/2012

11/05/2012

DCCKPORT

11/05/2012

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11:05 2012

18-58846-12 C 9873-1 Filed 05/21/15 Entered 05/21/15

11/05/2012

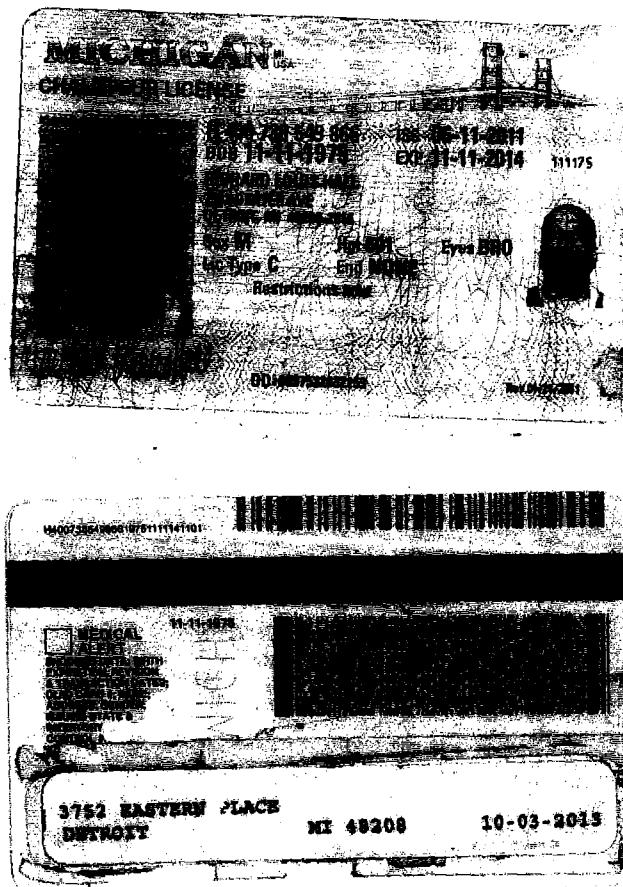
15-55848-jr Dec 9873-1 Filed 05/21/15 Entered 05/21/15

11.05.2012



11/05/2012







COLEMAN A. YOUNG MUNICIPAL CENTER  
2 WOODWARD AVENUE, SUITE 500  
DETROIT, MICHIGAN 48226-3535  
PHONE 313•224•4550  
FAX 313•224•5505  
[WWW.DETROITMI.GOV](http://WWW.DETROITMI.GOV)

November 25, 2013

Ronald Weiner, Atty.  
23077 Greenfield, Ste 557  
Southfield, Michigan 48075

**FINAL REQUEST**

Claimant: Richard Hall  
Claim No.: A32750-004969  
DOI: 6/28/2012

Dear Mr. Weiner:

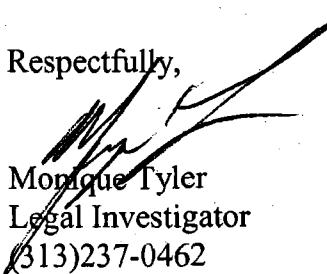
Upon review of your client's file, it was found that the City of Detroit has attempted to process your claim, but due to lack of sufficient information, we are unable to proceed. The City of Detroit Law Department Claims Division requires that all claims contain specific information for adequate processing. To assist me in my investigation of this incident, please provide the following items, these items **MUST** be included to ensure further processing of this claim:

- ◆ Medicare Affidavit
- ◆ Health Authorization

Please refer to the **File Number** which appears in the upper right corner of this letter in future communications or inquiries about this claim.

Should you have any inquiries or concerns, please do not hesitate to contact the undersigned either in writing at the address above or by calling the telephone number cited below.

Respectfully,

  
Monique Tyler  
Legal Investigator  
(313)237-0462

MT/rt

enc.

# AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Date <u>12-31-13</u>	Date of Accident <u>JUNE 28 2012</u>	File Number
Applicant's Name <u>Richard Hall</u>	Home Phone Number	Business Phone Number <u>313 910 8542</u>
Address <u>3752 EASTERN PLACE Detroit, MI 48208</u>	Date of Birth <u>11-11-1975</u>	Social Security No. <u>385-66-7987</u>
Date & Time of Accident (am/pm) <u>JUNE 28 2012 7:50 A.M.</u>	Place of Incident (Exact Location) <u>on M-85 (Fort St.) Detroit MI and 3rd Ave, IN FRONT between Second Ave &amp; Third Street</u>	
Brief Description of Accident: <u>I walked over a steam grate (photographs attached) And hot water burned my leg</u>		
As a result of the incident were you injured? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the rest of this form.		
Describe your injury <u>I incurred medical expenses and other losses which may occur in the future I sustained a severe burn to my leg requiring hospital and medical attention</u>		
Were you treated in a Hospital? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list Hospital's Name and Address. <u>Henry Ford 2799 W. Grand Blvd E.R. / #</u>		
Did a Doctor treat you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list Doctor's Name and Address. <u>Plastic Surgery Dept Dr Kenneth McQuin / Henry Ford E.R.</u>		

I, THE UNDERSIGNED, HEREBY AUTHORIZE ANY PHYSICIAN OR NURSE WHO ATTENDED THE ABOVE NAMED, OR ANY HOSPITAL AT WHICH ABOVE NAMED HAS BEEN CONFINED, TO FURNISH THE CITY OF DETROIT LAW DEPARTMENT, WITH ANY AND ALL INFORMATION WHICH MAY BE REQUESTED REGARDING PAST PHYSICAL CONDITION AND TREATMENT RENDERED AND TO ALLOW THEM OR ANY PHYSICIAN APPOINTED BY THEM TO EXAMINE AND COPY ANY AND ALL RECORDS WHICH YOU MAY HAVE REGARDING CONDITION OR TREATMENT, INCLUDING ALCOHOL AND DRUG PART 2, IF ANY; PSYCHOLOGICAL SERVICES AND SOCIAL SERVICES RECORDS INCLUDING COMMUNICATIONS MADE TO A SOCIAL WORKER OR PSYCHOLOGIST OR PSYCHIATRIST, IF ANY; RECORDS OF COMMUNICABLE DISEASES AND SERIOUS COMMUNICABLE DISEASES AND INFECTIONS, VENEREAL DISEASE (VD), TUBERCULOSIS (TB), HEPATITIS B, HUMAN IMMUNODEFICIENCY VIRUS (HIV), ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS), AND AIDS RELATED COMPLEX (ARC), IF ANY. YOU ARE REQUIRED TO PROVIDE THIS INFORMATION IN ACCORDANCE WITH THE MICHIGAN MOTOR VEHICLE NO-FAULT INSURANCE LAW, PA 294 OF THE PUBLIC ACTS OF 1972.

I UNDERSTAND THAT I HAVE A RIGHT TO REVOKE THIS AUTHORIZATION AT ANY TIME. I UNDERSTAND THAT IF I REVOKE THIS AUTHORIZATION, I MUST DO SO IN WRITING AND PRESENT MY WRITTEN REVOCATION TO THE ISSUER OF THE MEDICAL RELEASE. YOUR PROTECTED HEALTH INFORMATION WILL BE DISCLOSED TO ANY AGENCY INVOLVED IN THE INVESTIGATION, EVALUATION AND RESOLUTION OF YOUR MATTER AS IT RELATES TO THE CITY OF DETROIT.

I UNDERSTAND THAT INFORMATION USED OR DISCLOSED PURSUANT TO THIS AUTHORIZATION MAY BE SUBJECT TO REDISCLOSURE BY THE RECIPIENT AND NO LONGER SUBJECT TO PRIVACY PROTECTION PROVIDED BY LAW.

Richard Hall

NAME (Signature)

SOCIAL SECURITY NUMBER

Subscribed and sworn to before me this  
31<sup>st</sup> day of Dec, 2013.

Curtis Faulkner

Notary Public, Wayne County, Michigan

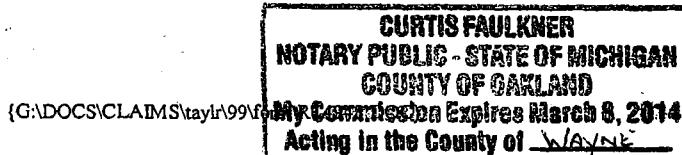
12-17-2013

DATE

11-11-1975

DATE OF BIRTH

My Commission Expires: MARCH 08, 2014



*Ingham County Circuit Court*  
**30th Judicial Circuit**  
P.O. BOX 40771  
LANSING, MI 48901-7971  
TELEPHONE: (517) 483-6500

JANELLE A. LAWLESS  
Chief Circuit Judge

DAVID L. EASTERDAY  
Circuit Court Administrator



SHAUNA DUNNINGS  
Deputy Court Administrator /  
Friend of the Court

RHONDA K. SWAYZE  
Deputy Court Administrator /  
General Trial Division

MAUREEN WINSLOW  
Deputy Court Administrator /  
Juvenile Division

November 5, 2012

RONALD A. WEINER  
23077 GREENFIELD RD #557  
SOUTHFIELD, MI 48075

Notice of Intention to file a Claim

RICHARD HALL

Vs

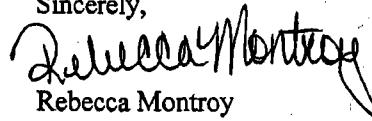
TRANSP DEPT MI

NOTICE NO. 12-011404-NOI-C30

To Whom It May Concern:

This is to acknowledge receipt of your Notice of Intention to file a claim in the above-entitled cause, filed in the Court of Claims on November 05, 2012 and assigned the above notice number.

Sincerely,

  
Rebecca Montroy  
Court of Claims Clerk

Copies have been made and forwarded to:  
Bill Schuette, Attorney General  
TRANSP DEPT MI

# ZAMLER, MELLEN & SHIFFMAN, P.C.

GENE ZAMLER  
DONALD SHIFFMAN  
RICHARD J. EHRLICH  
PAUL S. ROSEN  
MARGARET HOLMAN JENSEN  
RONALD K. WEINER  
STEVEN KARFIS  
ALICE A. BUFFINGTON

ATTORNEYS AND COUNSELORS  
ADVANCE BUILDING  
23077 GREENFIELD ROAD  
SUITE 557  
SOUTHFIELD, MICHIGAN 48075

OF COUNSEL  
MARK I. MELLEN  
KARL E. NOVAK  
CHAD ZAMLER  
\*BRAD M. ZAMLER  
MARC J. LITTMAN  
LISA ROTH

1-248-557-1155  
1-800-LAWYERS  
FAX (248) 552-1380  
WEBSITE: WWW.ZMSPC.COM  
WRITER'S DIRECT DIAL NUMBER

\*MEMBER OF ILLINOIS BAR ONLY

## PROOF OF REPRESENTATION

This form is used to authorize your attorney to receive information from the Centers for Medicare & Medicaid Services (CMS) and to represent you and act on your behalf with respect to your liability insurance, no-fault insurance or workers' compensation claim, including releasing identifiable health information or receiving any potential recovery claim information that Medicare may have if there is a settlement, judgment, award or other payment.

Type of Representation: Attorney

Firm Name: Zamler, Mellen & Shiffman, P.C.  
Name of Attorney:  
Address: 23077 Greenfield Road, Suite 557, Southfield, MI 48075  
Telephone Number: 248/557-1155  
Fax Number: 248/552-1380

### Medicare Beneficiary Information:

Beneficiary's Name:  
Beneficiary's HICN:  
Beneficiary's Date of Birth:  
Date of Injury:  
Type of Injury:

Richard Louis Hall  
Beneficiary's Signature

6-29-2012  
Date

Representative's Signature

Date

CELEBRATING OVER **40** YEARS OF SERVICE  
SINCE 1969

FISHER BUILDING: 3011 WEST GRAND BLVD., SUITE 406, DETROIT, MI 48202 - (313) 874-0120

TAYLOR OFFICE: HORIZON BUSINESS CENTER EAST, 20500 EUREKA, SUITE 107, TAYLOR, MI 48180 - (734) 246-7128

*Attorney General*

STATE OF MICHIGAN

IN THE COURT OF CLAIMS

RICHARD HALL,

Plaintiff,

vs.

MICHIGAN DEPARTMENT OF TRANSPORTATION,

Defendant.

---

RONALD K. WEINER (P40706)  
Attorney for Plaintiff  
23077 Greenfield Rd., Ste. 557  
Southfield, MI 48075  
(248) 443-6567

---

**VERIFIED NOTICE OF INTENTION TO FILE CLAIM**

ZAMLER, MELLEN, & SHIFFMAN, P.C.

Claimant, RICHARD HALL, by his attorneys, ZAMLER, MELLEN & SHIFFMAN, P.C., hereby submits his Notice of Intention to File Claim against the State of Michigan Department of Transportation, and states the following:

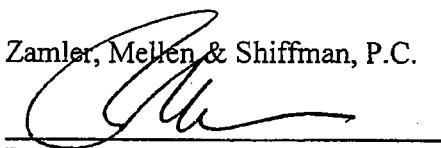
1. Time and place where claim arose: June 28, 2012, at approximately 7:50a.m. on M-85 (Fort St.), Detroit, MI between Second Ave. and Third Ave. in front of the Detroit Free Press Building.
2. Nature of claim: Claimant walked over a steam grate (photographs attached) and hot steam burned his leg.
3. Damages sustained: Claimant sustained a severe burn to his leg requiring hospital and medical attention. He incurred medical expenses and other losses which may occur in the future.

Verified by: Richard Hall  
Richard Hall, Claimant

Date: 9-28-2012

Respectfully Submitted,

Zamler, Mellen & Shiffman, P.C.

  
Ronald K. Weiner (P40706)  
Attorney for Plaintiff  
23077 Greenfield Road, Suite 557  
Southfield, MI 48075  
(248) 443-6567

Date: 9/28/12

**SENDER COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

MI Court of Claims  
313 W. Kalamazoo  
P.O. Box 40771  
Lansing, MI 48901-  
7971

**2. Article Number**

(Transfer from service label)

7012 1010 0002 6652 0890

**A. Signature**

X GLEES, INC.

Agent  
 Addressee

B. Received by/Printed Name \_\_\_\_\_ Date of Delivery \_\_\_\_\_

AMERICAN AGENT

C. Return Address  
If YES, enter delivery address below:  Yes  
 No

**3. Service Type**

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

**4. Restricted Delivery? (Extra Fee)**  Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**UNITED STATES POSTAL SERVICE**



**First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10**

• Sender: Please print your name, address, and ZIP+4 in this box •

ZAMLER, MELLEN & SHIFFMAN, P.C.  
23077 GREENFIELD  
ADVANCE BUILDING SUITE 557  
SOUTHFIELD, MI 48075

(BKW-Richard Hall-Notice)

Bluff Bluff

PRF # 62354  
Case No.: 13-53846  
Svc: 1

PackID: 14818  
NameID: 11702126

Hall, Richard  
23077 Greenfield Rd.  
Suite 557  
Southfield, MI 48075



STATE OF MICHIGAN

RICK SNYDER  
GOVERNOR

DEPARTMENT OF COMMUNITY HEALTH  
LANSING

OLGA DAZZO  
DIRECTOR

August 27, 2012

Ronald K. Weiner  
23077 Greenfield Rd Ste 557  
Southfield, MI 48075

D/I: June 28, 2012  
Re: RICHARD HALL

Dear Mr. Weiner:

The Medicaid program has conducted a search of its records for Richard Hall.

The State of Michigan will not be asserting a subrogation claim at this time; however, this does not preclude us from asserting a claim in the future. Please contact our office for an updated lien amount prior to resolution of this case. If the beneficiary has been enrolled in a Medicaid Managed Care Plan, the plan is identified below and should be contacted directly regarding its interest. Please note that Medicaid and Medicaid Managed Care Plans are separate entities; their subrogation interests must be resolved separately.

Thank you for your cooperation. If you have any questions, please contact our office.

Sincerely,

Third Party Liability Division  
Telephone: (517) 335-8760

SM

Health Plans:  
Midwest Health Plan  
4700 Schaefer Rd Ste 340  
Dearborn, MI 48126

FORMS  
TO  
THERE

CAPITOL COMMONS CENTER • PO BOX 30479 • LANSING, MICHIGAN 48909

[www.michigan.gov/tpl](http://www.michigan.gov/tpl) • P 517-335-8760 • F 517-346-9876

MSA-005COL

**MEDICARE REPORTING AFFIDAVIT AND**  
**INDEMNIFICATION OF THE CITY OF DETROIT BY THE**  
**CLAIMANT/PLAINTIFF**

Richard Hall, being first duly sworn, deposes and says that I have filed a claim and/or lawsuit against the City of Detroit:

1. I certify under penalty of law that this Affidavit and all attachments were prepared with my knowledge and were reviewed by me. The information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and/or imprisonment for known violations. I hereby state under oath and subject to any penalties for perjury that the information contained in this Affidavit is true, correct and accurate.

2. I hereby understand that the City of Detroit will be relying upon this information in order to provide all of the required information to the United States Government, Department of Health and Human Services, Center for Medicare and Medicaid Services or their Medicare contractor in accordance with the Medicare, Medicaid and SCHIP Extension Act of 2007 and to be in compliance with the Medicare Secondary Payer Laws.

Circle One

3. I am currently receiving Medicare Benefits..... yes  no
4. I will be Sixty Five years old within three years..... yes  no
- 4a. I have applied for Social Security Disability Benefits..... yes  no
5. I have received a Social Security Disability Award Letter and attached a copy hereto..... yes  no
6. Attached is a copy of my Social Security Disability Application....yes  no
7. Attached is a copy of my Social Security denial letter and my appeal of said denial..... yes  no

Circle One

8. I have End Stage Renal Disease.....yes or no

9. That my full name and all aliases are:

Richard Louis Hall

10. That my City of Detroit File Number is:

A327504004969

11. That my address is:

7052 Eastern Place, Detroit 48208

12. That my Attorney's Name, Address and Contact Numbers are:

Previous Attorney Resigned

Weiner Cerny Central 1248557 1688

13. That my Date of Birth is:

11/11/1975

14. That my Social Security Number is:

385-66-7987

15. That my Medicare HIC Number, if applicable is:

N/A

16. That I am attaching copies of the following information:

a. Copy of the Judgment .....yes or no

b. Medical Records .....yes or no

c. Specific Description of my injuries Yes Institution

To file a claim in the 30th Judicial Circuit

Circle One

17. Has anyone ever prepared for you:

a. A Life Care Plan ..... yes or  no

b. Medicare Set Aside Cost Projections ..... yes or  no

c. Life expectancy projection ..... yes or  no

If yes to any questions above in #17, submit a copy to the City of Detroit.

18. What specific body parts were impacted by the Injury/illness:

Right leg

19. That my Gender is:  Male  Female

20. That the accident which gave rise to this Claim/Lawsuit occurred on:

JUNE 28, 2012 (Date)

21. On NA (Date), a Settlement or Judgement of my

Claim/Lawsuit was agreed to/rendered for the total amount of

100 Dollars (\$ 0).

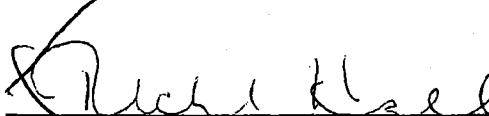
22. On the date of the accident/event, did any household family

member own an automobile with valid No Fault Insurance

coverage..... yes or  no

I, Richard Hall, HAVE READ THE ABOVE MEDICARE REPORTING AFFIDAVIT AND STATE THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT AND THAT IN THE EVENT THAT THE CITY OF DETROIT IS HELD LIABLE DUE TO ANY MISINFORMATION OR OMISSION OF INFORMATION BY AFFIANT IN THIS AFFIDAVIT, AFFIANT SHALL INDEMNIFY, HOLD HARMLESS AND REIMBURSE THE CITY OF DETROIT FOR ALL PAYMENTS, DAMAGES, MONIES, COSTS, ATTORNEY'S FEES, EXPENSES, MEDICARE LIENS, MEDICARE DEMANDS FOR REIMBURSEMENT, MEDICARE OFFSETS, MEDICARE FINES, MEDICARE PENALTIES AND ANY MEDICARE PAYMENTS INCURRED BY THE CITY OF DETROIT RESULTING FROM SAID OMISSION OR MISINFORMATION. FURTHER, I SHALL FULLY COOPERATE WITH THE CITY OF DETROIT IN ANY DISPUTE OR MATTERS RELATED TO THIS INCIDENT INVOLVING MEDICARE AND SHALL EXECUTE ALL DOCUMENTS REQUIRED OR REQUESTED BY THE CITY OF DETROIT, MEDICARE OR ITS AGENTS THAT MAY BE REQUIRED OR NECESSARY TO RESOLVE ANY SAID DISPUTE OR MATTER.

FURTHER AFFIANT SAITH NOT.

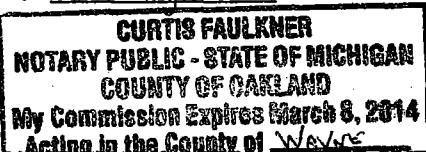
  
SIGNATURE OF THE CLAIMANT/PLAINTIFF

This Medicare Reporting Affidavit and Indemnification was acknowledged, subscribed and sworn to before me this 31<sup>st</sup> day of Dec, 2013, by Richard Hall, who hereby declares under penalty of perjury under the laws of the State of Michigan that he or she is authorized in fact and law to execute this Medicare Reporting Affidavit and Indemnification.

Curtis Faulkner

Notary Public, County of Wayne, State of Michigan

My Commission Expires: March 08, 2014



NOTE: SHOULD THIS RELEASE BE SIGNED BY THE CLAIMANT/PLAINTIFF OUTSIDE OF THE STATE OF MICHIGAN THAT FACT MUST BE NOTED IN THE APPROPRIATE AREA ABOVE AND THE OUT OF STATE NOTARY MUST ATTACH A CERTIFICATE OF NOTARIAL AUTHORITY FROM THE STATE HE OR SHE IS AUTHORIZED TO ACT AS A NOTARY.



36400 Woodward Ave., Ste.130  
Bloomfield Hills, MI 48304  
(248) 901-0011  
[www.FreedlandMD.com](http://www.FreedlandMD.com)

**Michael H. Freedland, M.D., P.C.**  
Acknowledgement of Receipt of Notice of Privacy Information Practices

My signature on this form indicates that I have received a Notice of Privacy Information Practices.

In the event that I have questions, I have been given the name of the Privacy Officer, whose information is listed below, who will be able to answer my questions.

**PRIVACY OFFICER**

Donna Phillips, Business Manager  
36400 Woodward Ave., Suite 130  
Bloomfield Hills, MI 48304  
248-901-0011

I request the following person(s) to receive information regarding my protected health information:

Name: Ronald Relation: Attorney Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Other:

Rechel Hall  
Signature of Patient or Legal Representative

REC'D 11-5-2012  
Date

**OFFICE USE ONLY:**

Patient refused to sign consent despite a good faith effort to receive acknowledgement.

Employee Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

# F. MICHAEL H. FREEDLAND, M.D.

Where Medicine Meets Artistry™

PLASTIC SURGERY &  
MEDICAL SPA

Date 11-5-2012

Patient: (Mr., Mrs., Ms., Dr.) First Name Richard M.I. L Last Name Hall Nickname Richie Rich  
 Sex:  Male  Female Date of Birth 11-11-1975 Age 36 Social Security # 385-66-7987  
 Street 6626 Hartford City Detroit State MI Zip 48216  
 Home Tel.# ( ) Business Tel.# ( ) Ext.  Cellular Tel. # 330 831 3346  
 Medical Doctor \_\_\_\_\_ Address \_\_\_\_\_ Tel. # ( ) \_\_\_\_\_  
 Referred by \_\_\_\_\_ Employer \_\_\_\_\_  
 Driver's Lic. # H400738549866 Nearest relative not living with you SEAN EIMS Tel. # (313) 208-8218  
 Have you ever been a patient of our practice?  Yes  No E-mail Richard.Hall.756@yahoo.com  
 IN CASE OF EMERGENCY, CONTACT: Name Sarah McClure Tel # H.(313) 680 3188 (cell) W.(33) 967 4527

## Health History

TO OUR PATIENTS: Health problems that you may have or medication that you may be taking could have an important interrelationship with the care that you will be receiving. Thank you for answering the following questions. Your answers are for our records only and will be considered confidential.

Reason for today's office visit: Burn Victim (2nd degree burn to right forearm, thickening/tissue sloughing at site of burn)

	Yes	No
1. Are you in good health? <u>Yes</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Have there been any changes in your general health in the past year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Are you under the care of a physician? <u>Yes</u> Date of last visit: <u>Oct 2012</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If so, for what are you being treated? <u>Primary Care</u>		
4. Have you had any serious illness, operations or hospitalizations? If so, describe	<u>(checkmark)</u>	
5. Do you have a prosthetic joint / implant?--If so, describe where	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Have you had a heart valve replacement or vascular graft?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

MEDICATION			WOMEN		
ARE YOU NOW TAKING....	Yes	No	ARE YOU NOW TAKING....	Yes	No
1. Any kind of medicine, drugs, or pills?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Is there a possibility of pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>
2. Anticoagulants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Estimated delivery date? <u>/ /</u>	<input type="checkbox"/>	<input type="checkbox"/>
3. Diet Pills?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Are you nursing?	<input type="checkbox"/>	<input type="checkbox"/>
4. Tranquilizers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Are you taking birth control pills?	<input type="checkbox"/>	<input type="checkbox"/>
5. Cortisone?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
6. Other medications (please list)	<u></u>				

# MICHAEL H. FREEDLAND, M.D.

Where Medicine Meets Artistry™

PLASTIC SURGERY &  
MEDICAL SPA

36400 Woodward Ave., Ste.130  
Bloomfield Hills, MI 48304  
(248) 901-0011  
[www.FreedlandMD.com](http://www.FreedlandMD.com)

Re: Richard Hall  
Chart Number: 258829  
DOB: 11/11/1975

**HISTORY:** This is a 36-year-old male presents with burn scars to his lower extremities right more than left. He reports that he is walking down the street and sustained burn on his leg from steam coming up from the street. This occurred back in June 2012. He had an interest in finding above corrective surgery.

**PAST MEDICAL HISTORY:** None.

**SURGICAL HISTORY:** None.

**MEDICATIONS:** None.

**ALLERGIES:** None.

**SOCIAL HISTORY:** The patient denies smoking, alcohol, and drug use.

**FAMILY HISTORY:** Negative for cancer, diabetes, heart disease and anesthetic problems.

#### **REVIEW OF SYSTEMS:**

Mentation: Patient is alert and oriented x 3 and does not complain of any mental status changes.

Neurosensory: Patient has no complaint of changes in sensation.

Musculoskeletal: Patient denies any muscle weakness.

Heart: Patient denies any chest pain.

Lungs: Patient denies any shortness of breath.

Gastrointestinal: Patient denies any nausea, vomiting, constipation, or diarrhea.

#### **PHYSICAL EXAMINATION:**

Neurosensory exam is within normal limits. Musculoskeletal is also within normal limits. The patient does have some irregularities associated with the burn on the right thigh is approximately 7 x 8 cm and left leg has some discoloration. He describes that he sees at times to approximately 3 x 12 cm. I explained to them that these scars are permanent and they did not have great surgical intervention for him, but I did recommend using scar cream and it may lighten the scars. He will continue to follow for now and return as needed.

HAVE YOU HAD OR DO YOU CURRENTLY HAVE.....		Yes	No	HAVE YOU HAD OR DO YOU CURRENTLY HAVE.....		Yes	No	HAVE YOU HAD OR DO YOU CURRENTLY HAVE.....		Yes	No
1	Rheumatic fever?		X	18	Blood transfusion?		X	34	Contagious diseases?		X
2	Damaged heart valves / mitral valve prolapse		X	19	Blood disorder such as anemia?		X	35	Swollen ankles, arthritis or joint disease?		X
3	Heart murmur?		X	20	Bruise easily?		X	36	Sexually transmitted disease?		X
4	High blood pressure?		X	21	Bleeding tendency (abnormal bleed?)		X	37	Problems with the immune system?		X
5	Low blood pressure?		X	22	Jaundice, hepatitis or liver disease?		X	38	Delay in healing?		X
6	Chest pain, angina?		X	23	Infectious mononucleosis?		X	39	A tumor or growth?		X
7	Heart attack(s)?		X	24	Gallbladder trouble?		X	40	X-Ray treatment / chemotherapy?		X
8	Irregular heart beat?		X	25	Fainting spells?		X	41	Chronic fatigue / night sweats?		X
9	Cardiac pacemaker?		X	26	Convulsions, epilepsy?		X	42	Are you on a diet?		X
10	Heart surgery?		X	27	Stroke?		X	43	A history of drug abuse?		X
11	Bronchitis, chronic cough?		X	28	Thyroid trouble?		X	44	A history of alcohol abuse?		X
12	Asthma?		X	29	Diabetes?		X	45	Contact lenses?		X
13	Hay fever / sinus problems?		X	30	Low blood sugar?		X	46	Eye disease / glaucoma?		X
14	Tuberculosis?		X	31	Kidney trouble?		X	47	Mental health problems?		X
15	Emphysema?		X	32	Are you on dialysis?		X	48	Malignant hyperthermia?		X
16	Difficult breathing / other lung trouble?		X	33	Stomach ulcers?		X				
17	Do you smoke?		X								

Do You Have Sleep Apnea?  Yes  No  Not Sure      Do You Have Any Acquired or Hereditary Muscle Diseases?  Yes  No  Not Sure

### ALLERGIES

ARE YOU ALLERGIC TO OR HAD A REACTION TO...	Yes	No	ARE YOU ALLERGIC TO OR HAD A REACTION TO...	Yes	No
1. Local anesthetics?		X	7. Other medications?		X
2. Penicillin?		X	8. Allergies other than drug allergies (please list)		X
3. Other antibiotics?		X			
4. Sodium pentothal, valium, or other tranquilizers?		X			
5. Aspirin?		X			
6. Codeine or other narcotics?		X			

ARE THERE ANY CONDITIONS CONCERNING YOUR HEALTH OF WHICH THE DOCTOR SHOULD BE AWARE?  Yes  No

Is there a family history of: Cancer  Yes  No      Diabetes  Yes  No      Heart Disease  Yes  No      Anesthetic Problems  Yes  No

I understand that photos may be used and shown for research and publication purposes and I authorize release of same.

Initials: R.L.H.

I certify that I have read and I understand the questions above. I acknowledge that my questions, if any, about the inquiries set forth above have been answered to my satisfaction. I will not hold my surgeon, or any other member of his / her staff, responsible for any errors or omissions that I have made in the completion of this form.

I authorize my surgeon and his / her designated staff, to perform an examination, for the purpose of diagnosis and treatment planning. Furthermore, I authorize the taking of all x-rays required as a necessary part of this examination. In addition, if medically necessary, I authorize the release of any information acquired in the course of my examination and treatment.

Debra Hall  
Signature of Patient  
(Parent or Guardian if minor)

11-5-2012

Date

Witness: Debra Hall  
Doctor: J. Pekay

MICHAEL H. FREEDLAND, M.D.

Patients Name

Hall, Richard

Chart # 258829

DATE

11/5/12

(R) ankle -

(L) shoulder.

6/28/12

(P)

- Discussed Incisions and Locations
- Discussed Anatomy and Physiology
- Discussed Risks and Benefits

Opinion @ this time. -

Sig f. pain Orale in line

M/S intact.

MFCpt 60 min

DV-prn.

ppg

Michael H. Freedland, M.D.

MHF/BMB

D: 11-05-2012  
T: 11-06-2012

Dictated but not read.

**PHYSICIAN DOCUMENTATION SHEET**

Tue Jul 03 09:16:24 EDT 2012

Henry Ford Hospital  
Emergency Department  
2799 W. Grand Blvd.  
Detroit, MI 48202  
PHONE: (313) 916-1545

**MRN:** 33680716**Account #:** 2180**Name:** Hall, Richard L**Sex:** M**Age:** 36**DOB:** 11/11/1975**Complaint:** Burn**Primary Diagnosis:** Burn of ankle**Arrival Time:** 06/28/2012 12:40**Discharge Time:** 06/28/2012 14:13**All Providers:** MD EM Staff Nikhil Goyal; PA David Dereczyk**HPI:**

The patient is a 36-year-old male who presents with a chief complaint of burn. Pt presents with hx of havinf been accidentally burned by hot steam while walking across a street and struck on legs with staem from sewer/manhole cover . Pt c/o pqain and blister on his rt lower leg. Seen at his school clinic and antibiotic ointmnet applied to his blistered rt leg. Pt unsure of last tt. The history was provided by the patient and CarePlus review. The burn occurred several hours ago. The burn occurred on a street. The affected area is described as blister(s). The burn was caused by a(n) steam. Localized symptoms include pain at the injury site, swelling, tenderness to touch and warmth to touch . The burn occurred while the patient was walking. There was no loss of consciousness. The patient was treated prior to arrival with antibiotics. The patient was found to be awake and alert. The patient has had the following prior evaluations: evaluation by primary care doctor.

13:43 06/28/2012 by David Dereczyk, PA

**ROS:****Constitutional:** otherwise Negative**Musculoskeletal:** Positive for swelling.**Skin:** Positive for blisters and swelling.

13:43 06/28/2012 by David Dereczyk, PA

**PMH:****Reviewed by:** Physician Assistant**Historian:** the patient, CarePlus review**Social History:** non-smoker, alcohol use-none, drug use-none**Travel History:** no recent foreign travel**Medical History:** none**Surgical History:** hemorrhoidectomy**Family History:** unknown**Immunization status:** tetanus less than 5 years**Special Needs:** no barriers to learning

-2-

Allergies		
Allergen	Allergic reaction	Allergy Note
NKDA		

13:43 06/28/2012 by David Dereczyk, PA

**Home Medications:**

Medications		
Medication	Dosage	Frequency
Vicodin Oral		
ibuprofen Oral		

**Home Medication Verification:** Verified With No Changes  
 13:43 06/28/2012 by David Dereczyk, PA

**Physical examination:**

Vital Signs: vital signs per nurses  
 Constitutional: Oriented, Alert, in NAD, alert, comfortable appearance  
 Extremity Exam: NOTE - There is a 2cm x 5 cm blister across ant lower leg. No drainage. No discharge. Thw surrounding skin is erythematous.  
 13:43 06/28/2012 by David Dereczyk, PA

**Medical Decision Making:**

Differential Diagnosis: partial thickness burn  
 Initial ED therapy: analgesics, antibiotics, tetanus toxoid  
 13:43 06/28/2012 by David Dereczyk, PA

**Reassessment:**

Reassessment of symptoms: improved  
 13:43 06/28/2012 by David Dereczyk, PA

**Reassessment:**

Reassessment of symptoms: improved  
 13:43 06/28/2012 by David Dereczyk, PA

**Procedures:** NOTE - The burn area was cleansed with Saline and a silvadene drssing placed with sterile 4x4's.  
 13:43 06/28/2012 by David Dereczyk, PA

**Patient disposition:**

Primary Diagnosis: burn of ankle  
 Patient disposition: Disch - Home  
 13:43 06/28/2012 by David Dereczyk, PA

**Medication disposition:**

-3-

<b>Medications</b>				
<b>Medication</b>	<b>Dosage</b>	<b>Frequency</b>	<b>Last Dose</b>	<b>Patient needs to:</b>
Vicodin Oral				continue
ibuprofen Oral				continue

13:43 06/28/2012 by David Dereczyk, PA

**Prescriptions:**

<b>Prescription</b>		
<b>Medication</b>	<b>Dispense</b>	<b>Sig Line</b>
Norco 5 mg-325 mg Tab	#30	one to two po QID prn pain
Silvadene 1 % Topical Cream	20 GM Jar	Apply to affected area BID

13:43 06/28/2012 by David Dereczyk, PA

**Return to Work/School:**

Sheet is for: Hall, Richard

Was in the ED from: 06/28/2012 12:40

Until: 06/28/2012 13:43

Return Disposition: May return to school without restrictions

Return Date: 06/29/2012

13:43 06/28/2012 by David Dereczyk, PA

**Discharge:****Discharge Instructions:**

Henry Ford Hospital 2799 W. Grand Blvd. Detroit, MI 48202 (313) 916-1545

**Take-Home Instructions for the Patient**

Patients Name: Hall, Richard L Date of Service: 06/28/2012 Medical Record Number: 33680716  
 Medical Provider: MD EM Staff Nikhil Goyal Primary Medical Provider: PA David Dereczyk  
 Primary Diagnosis: Burn of ankle Additional Diagnoses:

PLEASE NOTE: The examination and treatment that you have received in the Emergency Department have been rendered on an emergency basis only and are not intended to be a substitute for or an effort to provide complete medical service. A follow-up doctor or facility is named below. It is important that you be checked again as recommended below and report any new or remaining problems at that time, because it is impossible to recognize and treat all elements of injury or illness in a single Emergency Department visit.

Call to arrange an appointment to see the following physician for follow-up care. Referral: Referral/Appointment:

Refer Patient To:: Hfh Emergency- Return In \_\_\_\_ Days  
 Follow-up in: 1 days

\*\*\*\*\*  
 Keep dressed , clean and dry. Meds as directed. Retrun tomorrow for burn recheck and dressing change  
 \*\*\*\*\*

ADDITIONAL FOLLOW-UP INSTRUCTIONS 1. If you have a physician at Henry Ford Hospital, call that physicians office directly for an appointment. If you dont know your doctors telephone number, call 1-800-HENRYFORD for assistance. 2. If you dont have a physician at Henry Ford Hospital, but would like one, contact your health insurer first to be sure they will cover your visit (telephone number is on your health card). If approved, call at 1-800-HENRYFORD for an appointment. If your health insurer will not authorize an appointment at Henry Ford Hospital ask for a physician within your health plan. 3. If you have a physician outside of Henry Ford Hospital, call your physicians office directly for an appointment. 4. If you have health insurance but no physician, call your insurance company for a referral to a physician in your health plan (telephone number is on your health card). If you are unable to get an appointment, ask which hospital emergency rooms participate in your health plan so that you will not incur any out of pocket expense should you require further care. 5. If you are uninsured, and do not have a primary care physician, you can call to schedule a follow-up appointment at one of our affiliated health care clinic - CHASS Midtown. CHASS Midtown is located at 7436 Woodward, telephone number 313-556-9907. Hours of operation: (Wed and Fri - 8:30am - 5:00pm) and (Mon, Tues and Thu - 12:00 noon - 8:00pm). 6. If you have Medicaid or a Medicaid HMO, please call 313-876-3810 for any follow up appointments you may need with the Henry Ford Health System.

When you call for an appointment, say that you were referred from this Emergency Department. Take all papers and prescriptions (be sure to get your prescriptions filled) given to you in the Emergency Department with you when you go to see the doctor. If you cannot see the above doctor and your condition worsens so that you require emergency treatment, come back to this department.

**PLEASE TAKE THIS WITH YOU WHEN YOU SEE THE DOCTOR LISTED ABOVE.**

burns

BURNS: You have been seen for a burn.

Burns can be divided into one of three categories:

First-degree burns. These are relatively minor burns and involve only the superficial layer of skin. The skin is red and painful without blistering. These burns usually heal without scarring. A bad sunburn is an example of a first-degree burn.

Second-degree burns. These burns are more serious and involve deeper layers of the skin. The skin is red, painful, with blisters. Scarring may result from second degree burns.

Third-degree burns. These burns involve deep layers of the skin and always result in some degree of scarring. These burns may or may not be painful. Remove old dressings daily and apply a clean dry dressing. If the dressing sticks to the wound, slightly moisten it with water. This will allow it to come off easier.

Apply antibiotic ointment to the burn several times a day and cover it with a clean, dry dressing. Polysporin ointment, Silvadene cream, and Bacitracin ointment are over-the-counter antibiotic ointments that are commonly used for burn care.

**YOU SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY, EITHER HERE OR AT THE NEAREST EMERGENCY DEPARTMENT, IF ANY OF THE FOLLOWING OCCURS:**

Unusual redness or swelling.

Red streaks extending from the wound.

Foul drainage or odor from the wound.

Pain with movement of the extremity and / or swollen lymph nodes (nodules that are usually

-5-

found in the groin, armpit and neck).

Fever, chills, increasing pain and / or swelling. Prescriptions Received: Norco 5 mg-325 mg Tab, Silvadene 1 % Topical Cream Discharge Instructions Received: <DXINSTRUCTION-NAMES> Drug Instructions Received:

**Referral/Appointment:**

Refer Patient To: Hfh Emergency- Return In \_\_\_\_\_ Days  
Follow-up in: 1 days

I hereby acknowledge receipt of the instructions indicated above. I understand that I have had emergency treatment and that I may be released before all my medical problems are known or treated. I will arrange for follow-up care as instructed above.

\*\*\*\*\*  
Keep dressed , clean and dry. Meds as directed. Retrun tomorrow for burn recheck and dressing change  
\*\*\*\*\*

Date/Time: 07/03/12 09:16:24 Treating MD: MD EM Staff Nikhil Goyal

Patient Signature: \_\_\_\_\_ Suffix  
Number: 2180 Medical Record Number: 33680716

I have explained the instructions and have given a copy to the patient.

Discharge Personnel Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Append a Note to Discharge Instructions:** Keep dressed , clean and dry. Meds as directed. Retrun tomorrow for burn recheck and dressing change.

<b>Referral/Appointment</b>			
<b>Refer Patient To:</b>	<b>Phone Number:</b>	<b>Follow-up in</b>	<b>Appointment Details:</b>
Hfh Emergency- Return In _____ Days		1 days	

13:43 06/28/2012 by David Dereczyk, PA

Documentation completed by Mid-level Provider  
13:43 06/28/2012 by David Dereczyk, PA

Chart electronically signed by Responsible Physician  
15:06 06/28/2012 by Nikhil Goyal, MD EM Staff

## PHYSICIAN DOCUMENTATION SHEET

Wed Jul 11 04:14:10 EDT 2012

Henry Ford Hospital  
 Emergency Department  
 2799 W. Grand Blvd.  
 Detroit, MI 48202  
 PHONE: (313) 916-1545

MRN: 33680716

Name: Hall, Richard L

Age: 36

Complaint: Burn

Arrival Time: 06/29/2012 18:07

All Providers: PA Rya Lawrence; MD EM Staff David Amponsah

Account #: 2181

Sex: M

DOB: 11/11/1975

Primary Diagnosis: Burn of lower limb

Discharge Time: 06/29/2012 20:24

## HPI:

The patient is a 36-year-old male who presents with a chief complaint of burn. The history was provided by the patient and CarePlus review. The burn occurred yesterday. Pt states that he was walking across the street and was burned by the steam from a manhole cover. He was seen yesterday and blister was covered with silvadene and pt was told to return to ER today for dressing change and evaluation. He returns today. Denies any changes in sensation. The blister is still intact, no numbness, tingling or weakness of foot. DP pulse 2+.

22:01 06/29/2012 by Rya Lawrence, PA

## ROS:

Constitutional: Negative for fever and chills.

Gastrointestinal: Negative for nausea and vomiting.

Skin: NOTE - burn to left leg.

22:01 06/29/2012 by Rya Lawrence, PA

## PMH:

Reviewed by: Physician Assistant

Historian: the patient, CarePlus review

Social History: non-smoker, alcohol use-none, drug use-none

Travel History: no recent foreign travel

Medical History: none

Surgical History: hemorrhoidectomy

Family History: unknown

Immunization status: tetanus less than 5 years

Special Needs: no barriers to learning

Allergies		
Allergen	Allergic reaction	Allergy Note
NKDA		

NOTE - wrist surgery.

22:02 06/29/2012 by Rya Lawrence, PA

-2-

**Home Medications:**

Medications		
Medication	Dosage	Frequency
Tylenol-Codeine #3 Oral		
Ibuprofen Oral		

**Home Medication Verification:** Verified With No Changes  
 20:08 06/29/2012 by Rya Lawrence, PA

**Physical examination:**

Vital Signs: vital signs per nurses  
 Constitutional: Oriented, Alert, in NAD  
 Skin normal: NOTE - 5x1 cm blister. Intact with clear fluid. slight erythema to base. Foot with normal DP pulse, normal strength and gait.  
 22:04 06/29/2012 by Rya Lawrence, PA

**Medical Decision Making:**

Differential Diagnosis: partial thickness burn  
 Amount and complexity of data: discussion with patient, medical Records reviewed  
 22:04 06/29/2012 by Rya Lawrence, PA

**Procedures:**

**Wound Recheck:**  
 Location: left shin  
 Surface: anterior  
 Prior treatment: burn care  
 Days ago: 1  
 Reassessment: NOTE - blister intact.  
 Treatment: sterile dressing  
 Topical antibiotic: Silvadene cream  
 22:05 06/29/2012 by Rya Lawrence, PA

**Staff physician:**

Teaching physician note: I reviewed the PA's note and agree with the documented findings and plan of care without changes.  
 23:35 06/29/2012 by David Amponsah, MD EM Staff

**Patient disposition:**

Primary Diagnosis: burn of lower limb  
 Patient disposition: Disch - Home  
 20:11 06/29/2012 by Rya Lawrence, PA

**Medication disposition:**

-3-

Medications				
Medication	Dosage	Frequency	Last Dose	Patient needs to:
Tylenol-Codeine #3 Oral				continue
Ibuprofen Oral				continue

20:11 06/29/2012 by Rya Lawrence, PA

**Discharge:****Discharge Instructions:**

Henry Ford Hospital 2799 W. Grand Blvd. Detroit, MI 48202 (313) 916-1545

**Take-Home Instructions for the Patient**

Patients Name: Hall, Richard L Date of Service: 06/29/2012 Medical Record Number: 33680716  
 Medical Provider: MD EM Staff David Amponsah Primary Medical Provider: PA Rya Lawrence  
 Primary Diagnosis: Burn of lower limb Additional Diagnoses:

PLEASE NOTE: The examination and treatment that you have received in the Emergency Department have been rendered on an emergency basis only and are not intended to be a substitute for or an effort to provide complete medical service. A follow-up doctor or facility is named below. It is important that you be checked again as recommended below and report any new or remaining problems at that time, because it is impossible to recognize and treat all elements of injury or illness in a single Emergency Department visit.

Call to arrange an appointment to see the following physician for follow-up care. Referral: Referral/Appointment:

Refer Patient To:: Plastic Surgery-Main Campus/313-916-2676

\*\*\*\*\*  
 take motrin or tylenol as needed for pain return to ER for signs of infection-fevers, yellow thick drainage wash area daily and remove all old silvadene cream. Apply new silvadene cream and use fresh dressing daily follow up with Burn Clinic at Detroit Receiving 313 745-3449 or with plastic surgery clinic on monday or tuesday  
 \*\*\*\*\*

ADDITIONAL FOLLOW-UP INSTRUCTIONS 1. If you have a physician at Henry Ford Hospital, call that physicians office directly for an appointment. If you dont know your doctors telephone number, call 1-800-HENRYFORD for assistance. 2. If you dont have a physician at Henry Ford Hospital, but would like one, contact your health insurer first to be sure they will cover your visit (telephone number is on your health card). If approved, call at 1-800-HENRYFORD for an appointment. If your health insurer will not authorize an appointment at Henry Ford Hospital ask for a physician within your health plan. 3. If you have a physician outside of Henry Ford Hospital, call your physicians office directly for an appointment. 4. If you have health insurance but no physician, call your insurance company for a referral to a physician in your health plan (telephone number is on your health card). If you are unable to get an appointment, ask which hospital emergency rooms participate in your health plan so that you will not incur any out of pocket expense should you require further care. 5. If you are uninsured, and do not have a primary care physician, you can call to schedule a follow-up appointment at one of our affiliated health care clinic - CHASS Midtown. CHASS Midtown is located at 7436 Woodward, telephone number - 313-556-9907. Hours of operation: (Wed and Fri - 8:30am - 5:00pm) and (Mon, Tues and Thu - 12:00 noon - 8:00pm). 6. If you have Medicaid or a Medicaid HMO, please call 313-876-3810 for any follow up appointments you may need with the Henry Ford Health System.

When you call for an appointment, say that you were referred from this Emergency Department. Take all papers and prescriptions (be sure to get your prescriptions filled) given to you in the Emergency Department with you when you go to see the doctor. If you cannot see the above doctor and your condition worsens so that you require emergency treatment, come back to this department.

**PLEASE TAKE THIS WITH YOU WHEN YOU SEE THE DOCTOR LISTED ABOVE**

**burns**

**BURNS:** You have been seen for a burn.

Burns can be divided into one of three categories:

First-degree burns. These are relatively minor burns and involve only the superficial layer of skin. The skin is red and painful without blistering. These burns usually heal without scarring. A bad sunburn is an example of a first-degree burn.

Second-degree burns. These burns are more serious and involve deeper layers of the skin. The skin is red, painful, with blisters. Scarring may result from second degree burns.

Third-degree burns. These burns involve deep layers of the skin and always result in some degree of scarring. These burns may or may not be painful. Remove old dressings daily and apply a clean dry dressing. If the dressing sticks to the wound, slightly moisten it with water. This will allow it to come off easier.

Apply antibiotic ointment to the burn several times a day and cover it with a clean, dry dressing. Polysporin ointment, Silvadene cream, and Bacitracin ointment are over-the-counter antibiotic ointments that are commonly used for burn care.

**YOU SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY, EITHER HERE OR AT THE NEAREST EMERGENCY DEPARTMENT, IF ANY OF THE FOLLOWING OCCURS:**

Unusual redness or swelling.

Red streaks extending from the wound.

Foul drainage or odor from the wound.

Pain with movement of the extremity and / or swollen lymph nodes (nodules that are usually found in the groin, armpit and neck).

Fever, chills, increasing pain and / or swelling. Prescriptions Received: Discharge Instructions Received: <DXINSTRUCTIONNAMES> Drug Instructions Received:

Referral/Appointment:

Refer Patient To:: Plastic Surgery-Main Campus/313-916-2676

I hereby acknowledge receipt of the instructions indicated above. I understand that I have had emergency treatment and that I may be released before all my medical problems are known or treated. I will arrange for follow-up care as instructed above.

\*\*\*\*\*  
take motrin or tylenol as needed for pain return to ER for signs of infection-fevers, yellow thick drainage wash area daily and remove all old silvadene cream. Apply new silvadene cream and use fresh dressing daily follow up with Burn Clinic at Detroit Receiving 313.745-3449 or with plastic surgery clinic on monday or tuesday  
\*\*\*\*\*

-5-

Date/Time: 07/11/12 04:14:10 Treating MD: MD EM Staff David Ampsonah

Patient Signature: \_\_\_\_\_ Suffix  
Number: 2181 Medical Record Number: 33680716

I have explained the instructions and have given a copy to the patient.

Discharge Personnel Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Append a Note to Discharge Instructions:** take motrin or tylenol as needed for pain return to ER for signs of infection-fevers, yellow thick drainage wash area daily and remove all old silvadene cream. Apply new silvadene cream and use fresh dressing daily follow up with Burn Clinic at Detroit Receiving 313 745-3449 or with plastic surgery clinic on monday or tuesday

Referral/Appointment			
Refer Patient To:	Phone Number:	Follow-up in	Appointment Details:
Plastic Surgery-Main Cam- pus/313-916-2676			

20:15 06/29/2012 by Rya Lawrence, PA

Documentation completed by Mid-level Provider

22:05 06/29/2012 by Rya Lawrence, PA

Chart electronically signed by Responsible Physician  
23:35 06/29/2012 by David Ampsonah, MD EM Staff

# ZAMLER, MELLEN & SHIFFMAN, P.C.

GENE ZAMLER  
DONALD SHIFFMAN  
RICHARD J. EHRLICH  
PAUL S. ROSEN  
MARGARET HOLMAN JENSEN  
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WRITER'S DIRECT DIAL NUMBER

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MARC J. LITTMAN  
LISA ROTH  
MARIO J. AZZOPARDI  
DAVID J. WINTER  
KEVIN S. OLIVER

\* MEMBER OF ILLINOIS BAR ONLY

## CERTIFIED MAIL

December 19, 2013

7013 1710 0001 5635 8369

Richard Hall  
3752 Eastern Place  
Detroit, MI 48208

Dear Mr. Hall:

This letter shall confirm the telephone conversation of December 19, 2013 with my assistant, wherein you indicated that you are unable to appear in my office to pick up the requested documents and requested that we mail same. Therefore, pursuant to your request, attached are the relevant documents from my file and the original papers which the City of Detroit sent to you.

Very truly yours,

ZAMLER, MELLEN & SHIFFMAN, P.C.

BY:  
GENE ZAMLER  
GZ:ca  
enclosure

P.S. I have also enclosed a copy of my December 18, 2013 letter for your review.

CELEBRATING OVER 40 YEARS OF SERVICE  
SINCE 1969

FISHER BUILDING: 3011 WEST GRAND BLVD., SUITE 406, DETROIT, MI 48202 - (313) 874-0120

TAYLOR OFFICE: HORIZON BUSINESS CENTER EAST, 20500 EUREKA, SUITE 107, TAYLOR, MI 48180 - (734) 246-7128

13-53846-tjt Doc 9873-1 Filed 05/21/15 Entered 05/21/15 17:22:39 Page 89 of 90

# ZAMLER, MELLEN & SHIFFMAN, P.C.

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LISA ROTH  
MARIO J. AZZOPARDI  
DAVID J. WINTER  
KEVIN S. OLIVER

\* MEMBER OF ILLINOIS BAR ONLY

December 18, 2013

Richard Hall  
6626 Hartford St.  
Detroit, MI 48210

E COPY

Dear Mr. Hall:

You came to our office on December 17, 2013 and met with myself. You gave me some documents regarding a bankruptcy from the City of Detroit. I informed you that our office would not be filing those papers on your behalf. Our office will not be representing you in any claim against the City of Detroit.

You need to fill these papers out and file them as soon as possible. You could hire a lawyer and the lawyer could represent you in this claim against the City of Detroit. There are certain time limits and statute of limitations which, when they expire, could prevent you from ever filing a claim or getting any money from the City of Detroit or any other responsible party. Therefore, you should hire a lawyer immediately if you wish to pursue this claim.

The papers which you left at my office and a copy of the medical report and pictures will be left in my office and ready to be picked up by you, if you have not already picked them up. This was at your request as opposed to me mailing them to you.

Once again, our office has closed our file. We have nothing pending for you. We do not represent you in any case.

Very truly yours,

ZAMLER, MELLEN & SHIFFMAN, P.C.

BY: /S/

GENE ZAMLER  
GZ:ca

CELEBRATING OVER 40 YEARS OF SERVICE  
SINCE 1969

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TAYLOR OFFICE: HORIZON BUSINESS CENTER EAST, 20500 EUREKA, SUITE 107, TAYLOR, MI 48180 - (734) 246-7128